

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walkersville</i>		County <i>Fredrick</i>		MARYLAND	
Date of death 1905	Month <i>2</i>	Day <i>6</i>	Age	Years <i>3</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Walkersville</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>Maud C. Alexander</i>					
Father's Name <i>C. Alexander</i>			Father's Birthplace <i>Co</i>		
Mother's Maiden Name <i>Maud C. Greaser</i>			Mother's Birthplace <i>Co</i>		
Name of person giving Information <i>Mrs Greaser</i>			How related to deceased <i>Child</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Brain trouble</i>	How long	<i>1 week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Long</i>	
		Address <i>Fredrick Md.</i>	
Accident or Suicide?			



Name
in
Full

Ethel Idella Ashbaugh

CERTIFICATE OF DEATH

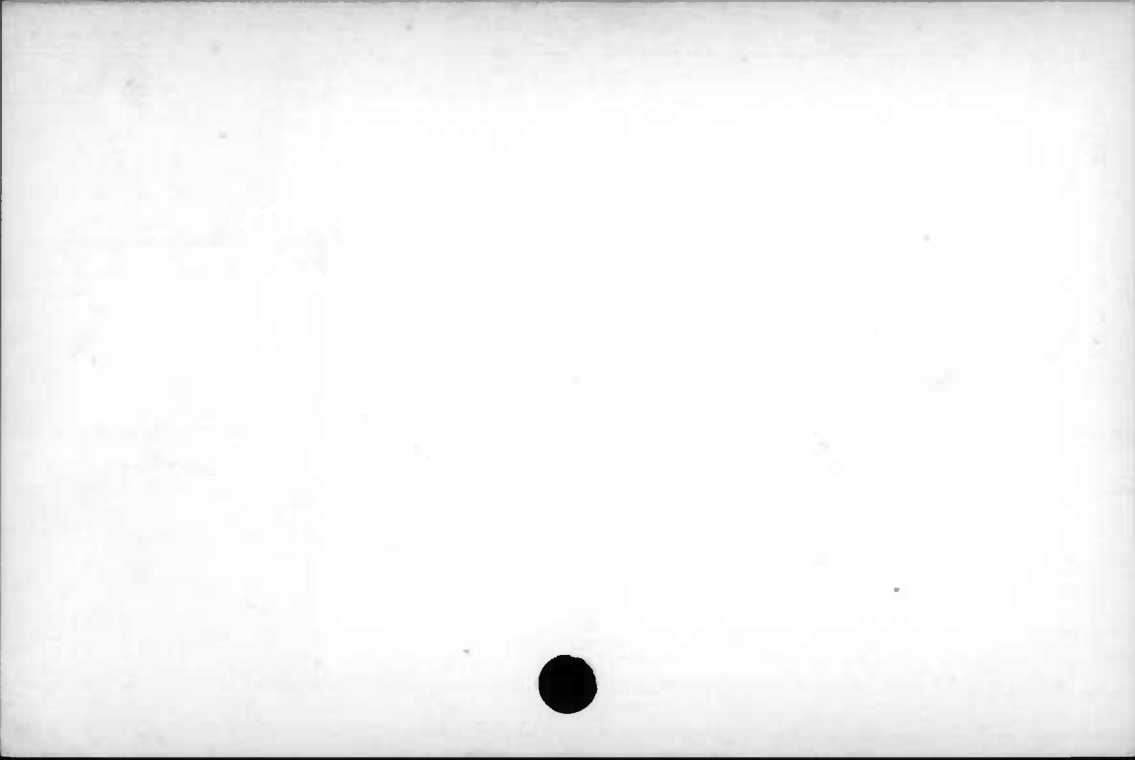
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Oak Hill and ^{County} Woodstock		MARYLAND	
Date of death 190	Month 2	Day 22	Age 1
Sex Female		Color or Race white	Birth-place and
Occupation		Where Residing if not at place of death	
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name Chas Ashbaugh	Father's Birthplace and		
Mother's Maiden Name Elsie Olsen	Mother's Birthplace and		
Name of person giving information D. A. Sharrell	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Anemia	How long
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician attending Dr. Baber
	Address Woodboro Ind
Accident or Suicide?	52 McMillen



Name

in
Full

William Francis Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Feb	20	Age 62	11	28	
Sex	Male	Color or Race	White			Birth-place	Fred Co. Md
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Widower			Not given				
Father's Name	Joseph D Baker					Father's Birthplace	X
Mother's Maiden Name	Julia A. Ecker					Mother's Birthplace	X
Name of person giving information	William E Baker					How related to deceased	Son X

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bright's	How long	1 year
Immediate	Heart-failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Thomas Smith	
as far as known		Address	
		Liberty Town	
Accident or Suicide?		Md	



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CERTIFICATE OF DEATH

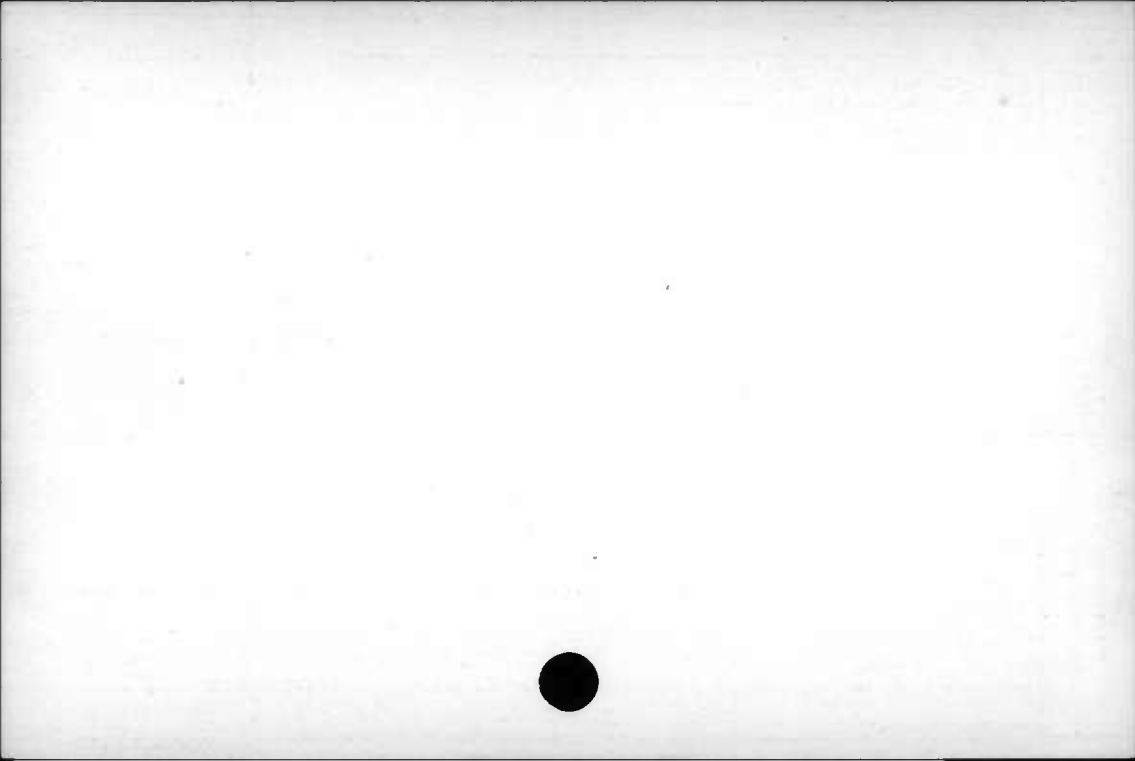
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Freed		County Freed		MARYLAND	
Date of death 190		Month 2	Day 6	Age 0	Years 0	Months 0	Days 0
Sex Male		Color or Race White		Birth-place Freed			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Ly D Baumgardner				Father's Birthplace —			
Mother's Maiden Name Margaret Wagner				Mother's Birthplace —			
Name of person giving information —				How related to deceased —			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stillborn	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Jeffrey E. Tinsley
yes		Address	Freed Md
Accident or Suicide?			



Name
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NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

James H. Biggs
Tcwn Monticome Hospital Frederick CoDied at
Date of death 1905 Feb 25 Age 35 Months Days

Sex Male Color or Race White Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long

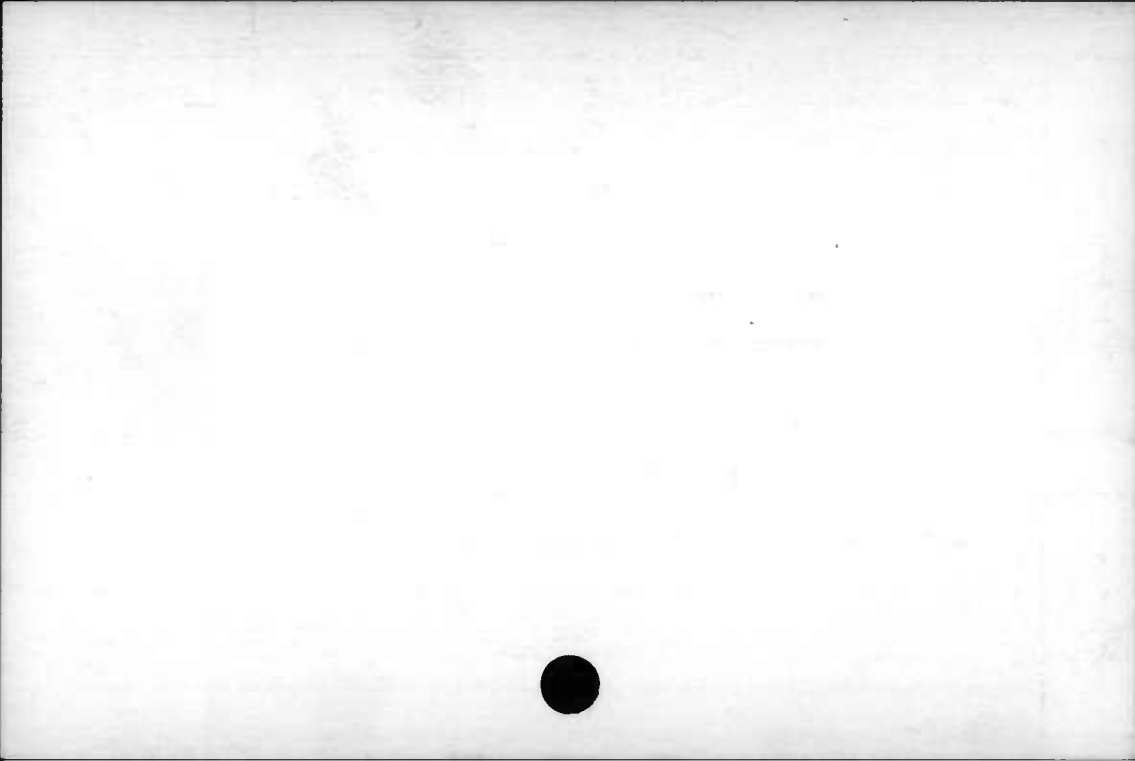
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

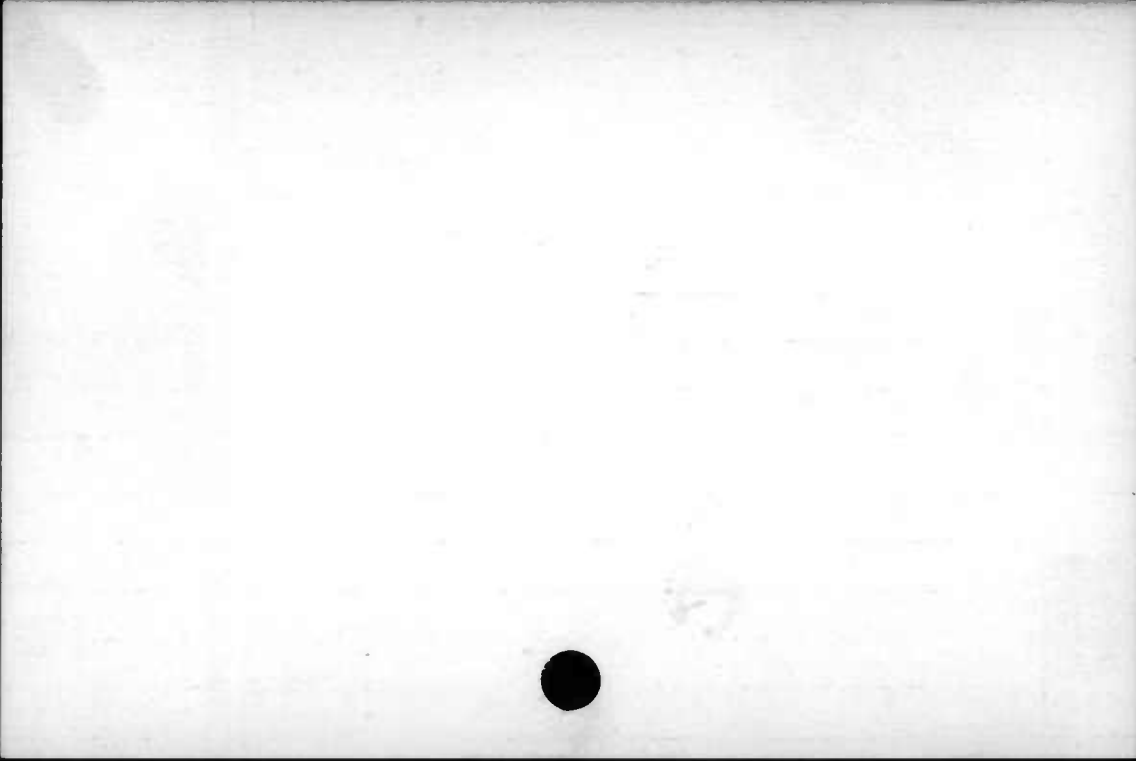
Signature of Physician

Address

Accident or Suicide?



Name in Full		Thomas Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frederick		County Frederick		MARYLAND
	Date of death	1908	Month	2	Day	17	Age
					Years	47	Months
							Days
	Sex	Male		Color or Race	Black		Birth-place
							Ind
	Occupation	Laborer		Where Residing if not at place of death		X	
Married, Single or Widowed		Name of Wife or Husband		X			
Father's Name		X		Father's Birthplace		X	
Mother's Maiden Name		X		Mother's Birthplace		X	
Name of person giving information		Georgie Barnes		How related to deceased		Niece	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Apoplexy				How long	4 hours
	Immediate	Cerebral Hemorrhage				How long	4 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	M. Long	
					Address	37 E. Baltimore St.	
Accident or Suicide?							

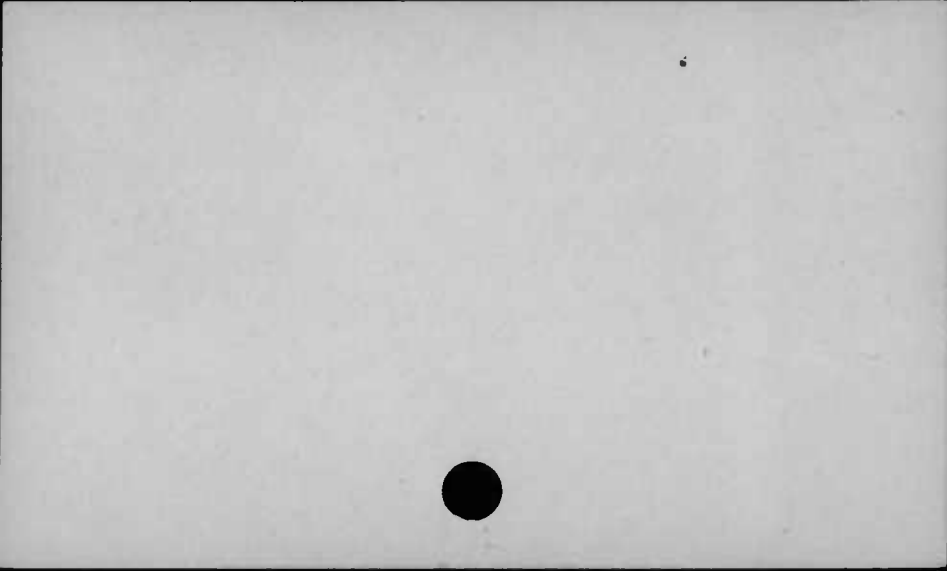


Name in Full

Certificate of Death

Name in Full *Mary Paulfield*
 Died at *Emmitsburg* Town *Fredrick* County *MARYLAND*
 Date 19 *05* Month *Feb* Day *12th* Age *83.5* Y. M. D. Native of *Ireland* Occupation *Religious*
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widowed~~ Number of children living
 Husband of
 Wife
 Father's Name *Ignatius Paulfield* Mother's Maiden Name *Mary Liverpool*
 Cause of Death { Primary *Valvula + Discom Heart* How long sick *Three Months*
 Immediate *Croupus Pneumonia* *93* *24 days*
 Reported by *John B. Baumer M.D.* Accident, Suicide, Homicide
 Address *Emmitsburg Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Nancy Anna Cutsaile no. 3,				CERTIFICATE OF DEATH	
Died at		Baitholows ^{Town}		Frederick ^{County}		MARYLAND	
Date of death		1905	Month 2	Day 2	Age 76	Months	Days 10
Sex Female		Color or Race white			Birth- place Maryland		
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed		Single		Name of Wife or Husband —			
Father's Name		John Cutsaile				Father's Birthplace Md.	
Mother's Maiden Name		Catherine Logg				Mother's Birthplace "	
Name of person giving in formation		Mrs. Chas. Thompson				How related to deceased Sister	
CAUSES OF DEATH							
Primary		Hemiplegia				How long 5 days	
Immediate		66				How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. H. Hopkins Jr	
				Address		New Market, Md.	
Accident or Suicide?		no.					



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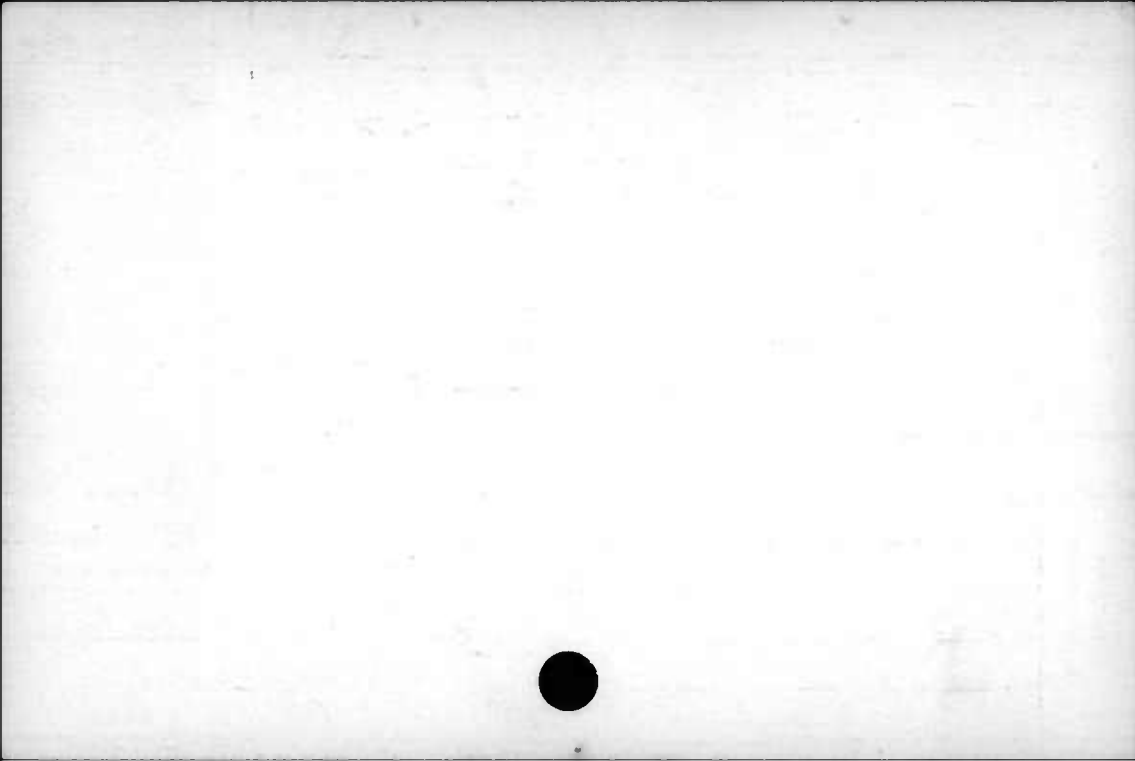
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monterme</i>		Town <i>Hacket</i>		County <i>Friederick</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Feb</i>		Day <i>12</i>		Age <i>76</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>		How long <i>154</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. S. Lyson</i>	
		Address <i>Friederick Md.</i>	
Accident or Suicide?			



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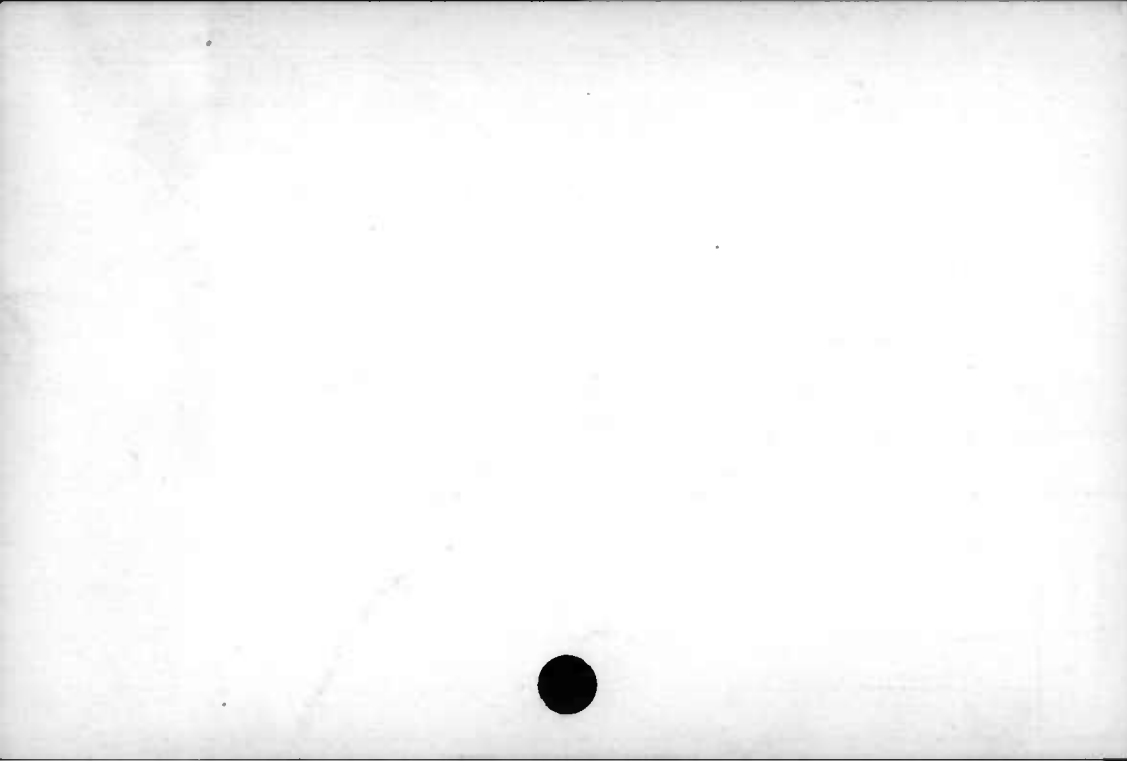
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Anna Griffith Day</i>		Town <i>Hampton</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Hampton</i>		Date of death 1905		Month <i>Feb.</i>		Day <i>8th</i>	
Age <i>8</i>		Years <i>8</i>		Months <i>5</i>		Days <i>20</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband _____					
Father's Name <i>Adison Day</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Laura Beall</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Laura Day</i>		(55)		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

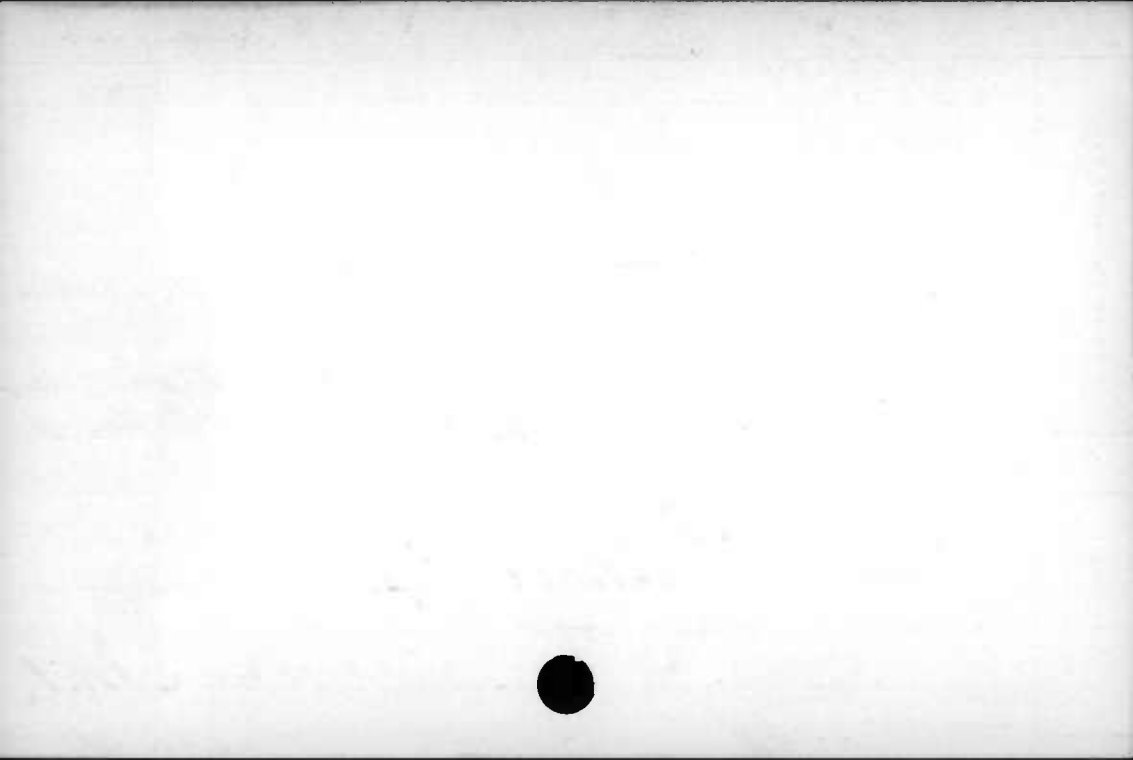
Primary <i>Vomiting due to accumulation of toxic material in the blood.</i>		How long <i>one week</i>	
Immediate <i>Brain Complications</i>		How long <i>18 hours.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R C Foul M D</i>	
		Address <i>Hampton Md.</i>	
Accident or Suicide? _____			



Name in Full	y'm H. Delaplaine					CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Moodsboro		Frederick					
	Date of death	Month	Day	Age	Years	Months	Days	
	1905	7	20	76		11	16	
	Sex	male		Color or Race	white		Birth- place	Frederick Md
	Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Wife or husband					
Emeline Spahr		Father's Name		Joseph Delaplaine		Father's Birthplace		Md
Mother's Maiden Name		acc-		Mother's Birthplace		Ind		
Name of person giving In formation		Luther Powell		How related to deceased		—		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Chronic Nephritis	How long	3 yrs
	Immediate	Exhaustion	How long	10 days
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		attending Dr. Kable	
Address		Moodsboro Md		
Accident or Suicide?		No		



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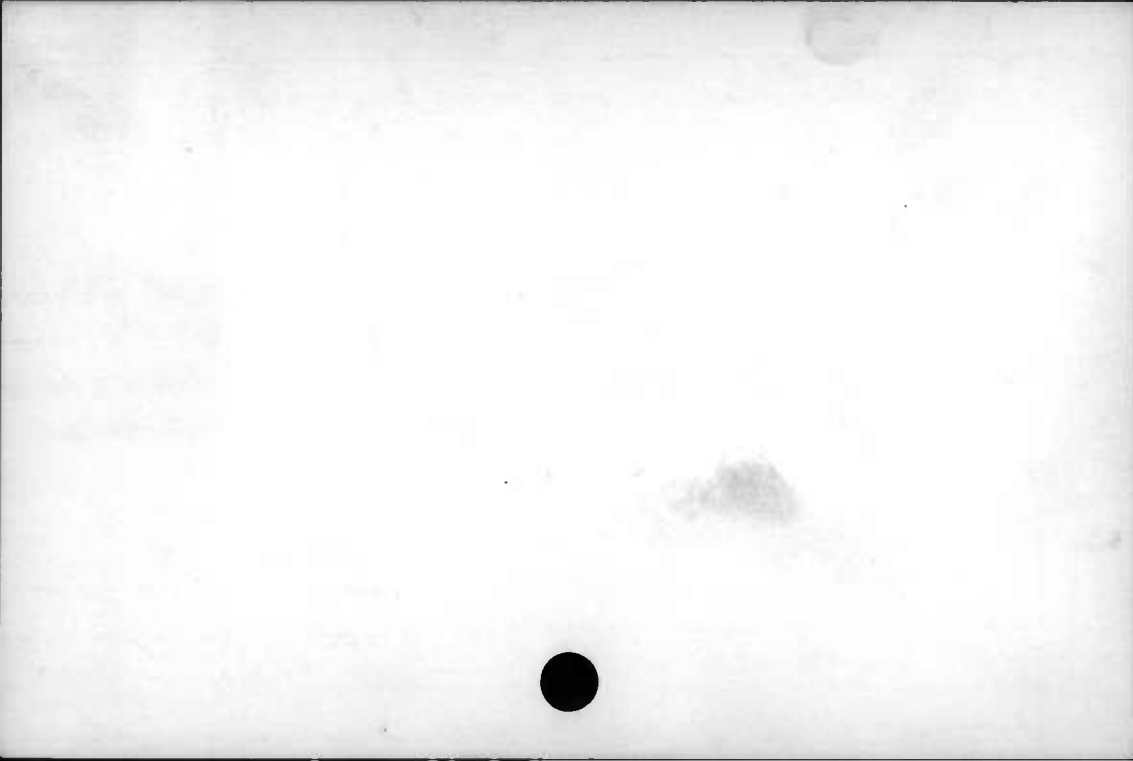
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha J Lee Lander</i>		Town <i>Middletown</i>		County <i>Fredrick</i>		State <i>MARYLAND</i>	
Died at <i>near Middletown</i>		Date of death <i>1905</i>		Age <i>57</i>		Months <i>9</i> Days <i>15</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
Occupation <i>Home Wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Daniel T Lee Lander</i>					
Father's Name <i>Henry Brock</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Julia Sigafos</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Daniel Lee Lander</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>60 1/2 years</i>
Immediate <i>Heart failure</i>	How long <i>about 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>Henry L. Foster</i>
<i>Dr. T. E. R. MILLER,</i>	Address <i>Middletown Md.</i>
<i>FREDRICK, MD.</i>	
Accident or Suicide? <i>—</i>	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Nicholas Joseph Brunner Diggs

MARYLAND

Died at ^{Town} Frederick^{County} Frederick

Date of death 1905 Month 2 Day 10 Age — Years — Months 6 Days —

Sex Male Color or Race Black Birth-place Md

Occupation Infant Where Residing if not at place of death Frederick Md

Married, Single or Widowed X Name of Wife or Husband X

Father's Name Wesley Diggs Father's Birthplace Md

Mother's Maiden Name Lucy Middleton Mother's Birthplace Md

Name of person giving information Lucy Diggs How related to deceased Mother

CAUSES OF DEATH

Primary Pneumonia How long 9 days

Immediate Exhaustion How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Jacob Doreas

MARYLAND

Died at ^{Town} Woodsboro md^{County} FrederickDate
of death 1905Month
2Day
21

Age 74

Months
0Days
11

Sex Male

Color or
Race whiteBirth-
place Maryland

Occupation Retired Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed MarriedName of Wife or
~~Husband~~ Ellen ThomasFather's
Name David DoreasFather's
Birthplace mdMother's
Maiden Name Annie SmithMother's
Birthplace mdName of person giving
information D. A. SharrettHow related
to deceased —

CAUSES OF DEATH

Primary

Immediate Nervous Prostration

How long

How long 2 days

Are the name, age, sex, color, date
and place correctly given above?

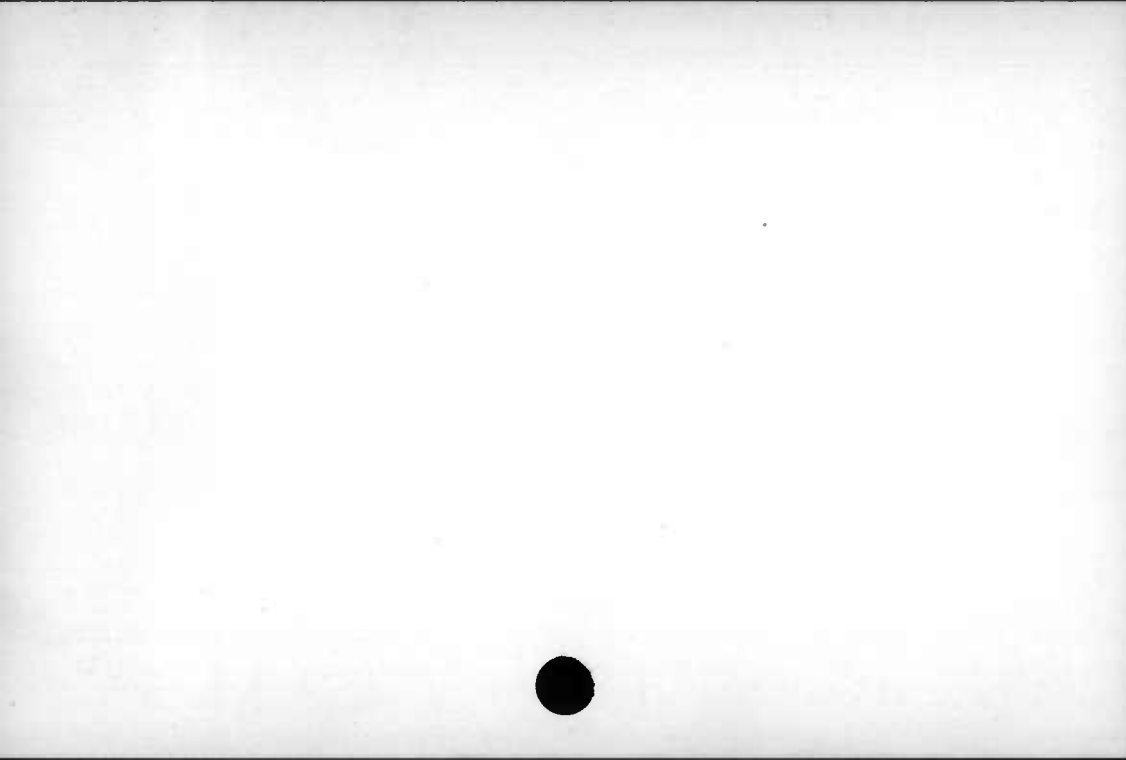
yes

Signature of
Physician attending Dr. Kahl

Address Woodsboro md

Accident or Suicide?

✓ S. E. N. Miller md



Name
in
Full

Kate Virginia Doreas

CERTIFICATE OF DEATH

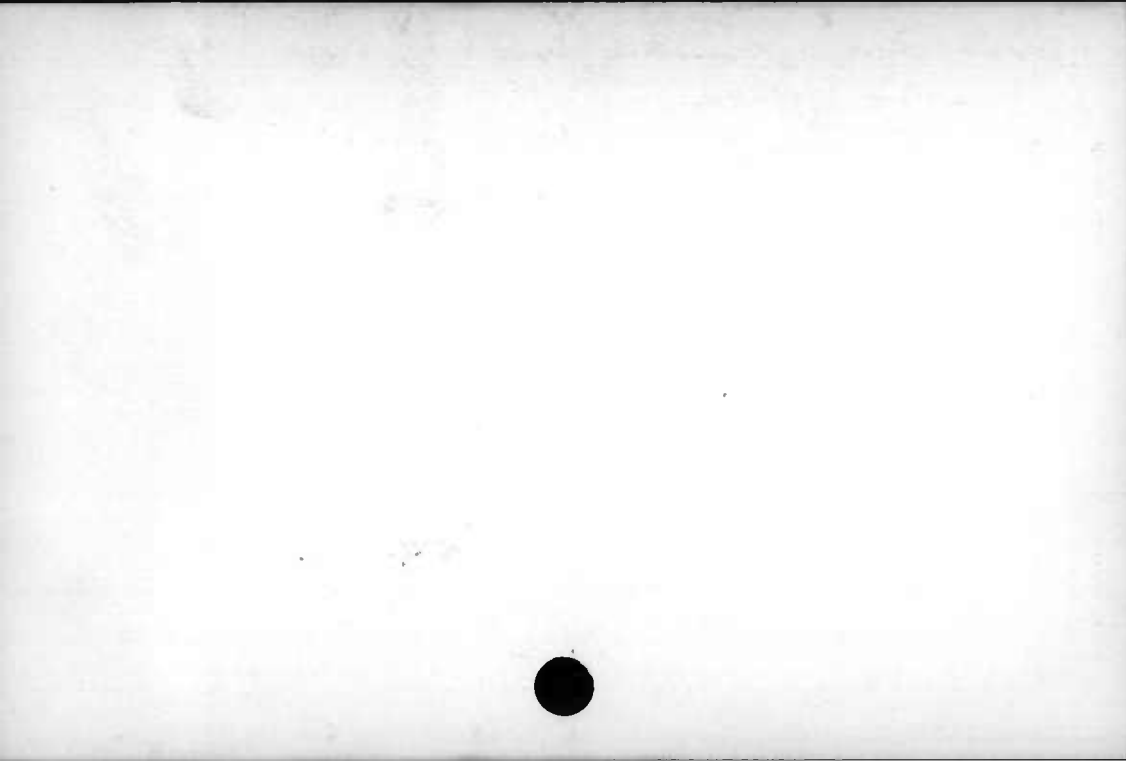
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Woodstock		County Frederick		MARYLAND	
Date of death	1905	Month 2	Day 6	Age	34	Years	Months 10
Sex	Female		Color or Race	White		Birth-place	md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Jacob Doreas				Father's Birthplace	
Mother's Maiden Name		Ellen Thomas				Mother's Birthplace	
Name of person giving information		D. A. Sharvillo				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stomach Trouble	How long	6 wks
Immediate	Paralysis train	How long	Sex weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		attending Dr Kahle	
		Address	
		Woodstock md	
		J. E. Miller	
Accident or Suicide?			



Name
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Full

Charles Dorsey No. 6,

CERTIFICATE OF DEATH

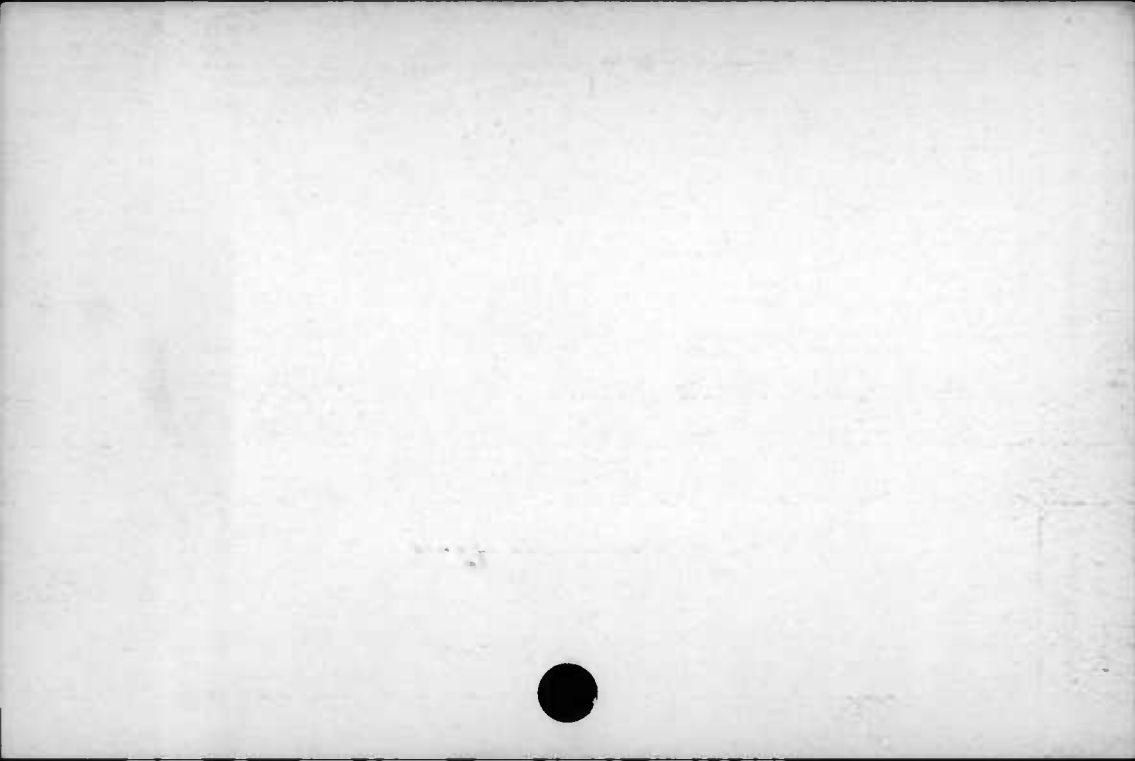
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Plant</u> ^{Town}		<u>Fredrick</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u>	<u>Feb</u> ^{Month}	<u>27</u> ^{Day}	Age <u>68</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Mo</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Labourer</u>		
Name of Wife or Husband <u>Maria Dorsey</u>					
Father's Name <u>don't know</u>			Father's Birthplace <u>Mo</u>		
Mother's Maiden Name <u>Hettie Dorsey</u>			Mother's Birthplace <u>Mo</u>		
Name of person giving information <u>Marier Dorsey</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tumorous Cancer</u> <u>45</u>	How long <u>11 mo</u>
Immediate <u>X</u> <u>No Physician in attendance here</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. T. Lewis</u>
<u>so far as I know</u>	Address <u>Uncle's place</u>
Accident or Suicide?	<u>Thompson Mo</u>



Name
in
Full

Charles W. Outrow

CERTIFICATE OF DEATH

Died at ^{Town} *Yellow Springs*^{County} *Fredk.*

MARYLAND

Date
of death *1905*Month *2*Day *14*Age *—*Months *3*Days *16*Sex *Male*Color or
Race *White*Birth-
place *Same*Occupation *—*Where Residing if not
at place of death *Same*Married, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's
Name *Charles H. Outrow*Father's
Birthplace *F. Co. Md*Mother's
Maiden Name *Laura Becker*Mother's
Birthplace *" " "*Name of person giving
In formation *Chas. H. Outrow*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Influenza*How long *16 days*Immediate *Double Pneumonia*How long *One week*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Frank Hedger*Address *Fredricks*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at Pleasant Hill.

" Feb 16th 0.5-

Thos. R. Rice,

Name
in
Full

Victoria A. Etzler

CERTIFICATE OF DEATH

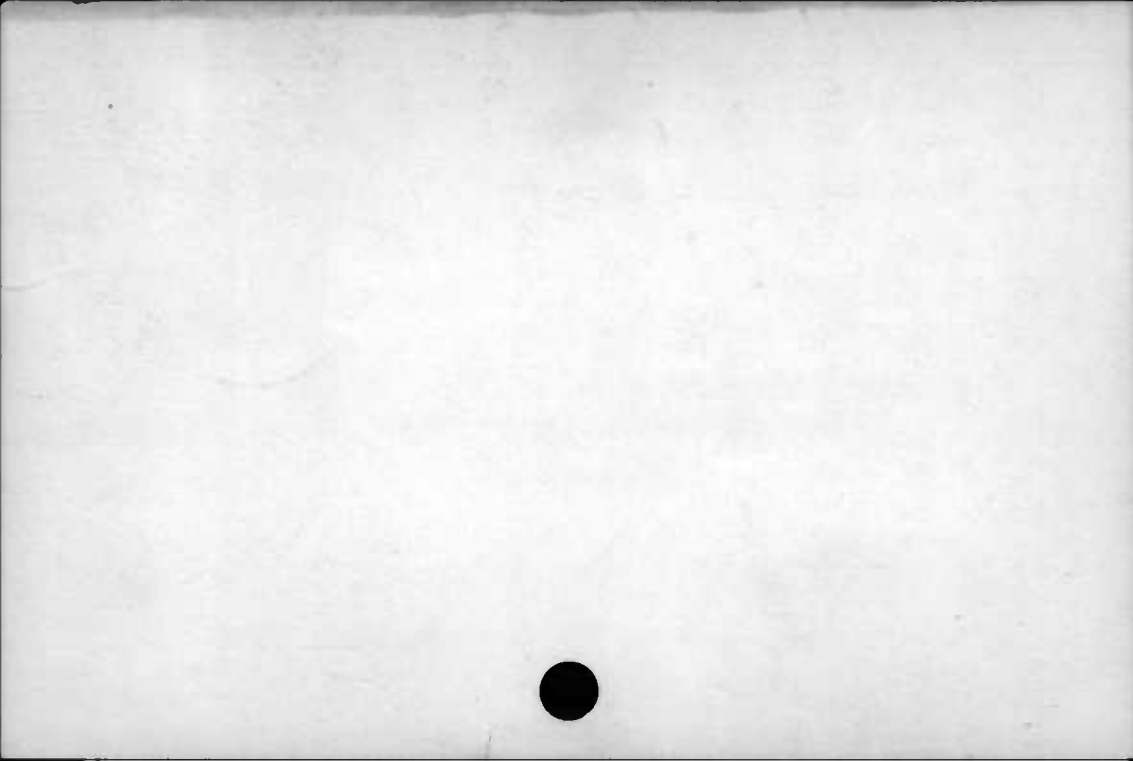
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Libertytown</i> ^{Town}		<i>Fred K.</i> ^{Conty}		MARYLAND	
Date of death 1905	Month <i>2</i>	Day <i>8</i>	Years <i>48</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Daniel H. Etzler</i>					
Father's Name <i>John Davis</i>			Father's Birthplace <i>U. S. of A.</i>		
Mother's Maiden Name <i>Anna Knill</i>			Mother's Birthplace <i>England</i>		
Name of person giving information <i>Mrs. Ignatius Etzler</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>18 days</i>
Immediate	<i>Intestinal Hemorrhage & Heart disease</i>	How long	<i>Hemorrhage 3 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Bra H. Beall</i>	
<i>Yes</i>		Address <i>Libertytown, Md.</i>	
Accident or Suicide? <i>No</i>			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Emmitsburg ^{County} Frederick

Date of death 1905 Feb- 15th Age 77 Months 11 Days

Sex Female Color or Race White Birth-place Reading Pa.

Occupation Religious Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Anthony Felix

Father's Birthplace Pa

Mother's Maiden Name Katharine Martin

Mother's Birthplace Pa

Name of person giving information J. Bernadine Orendorf

How related to deceased none

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

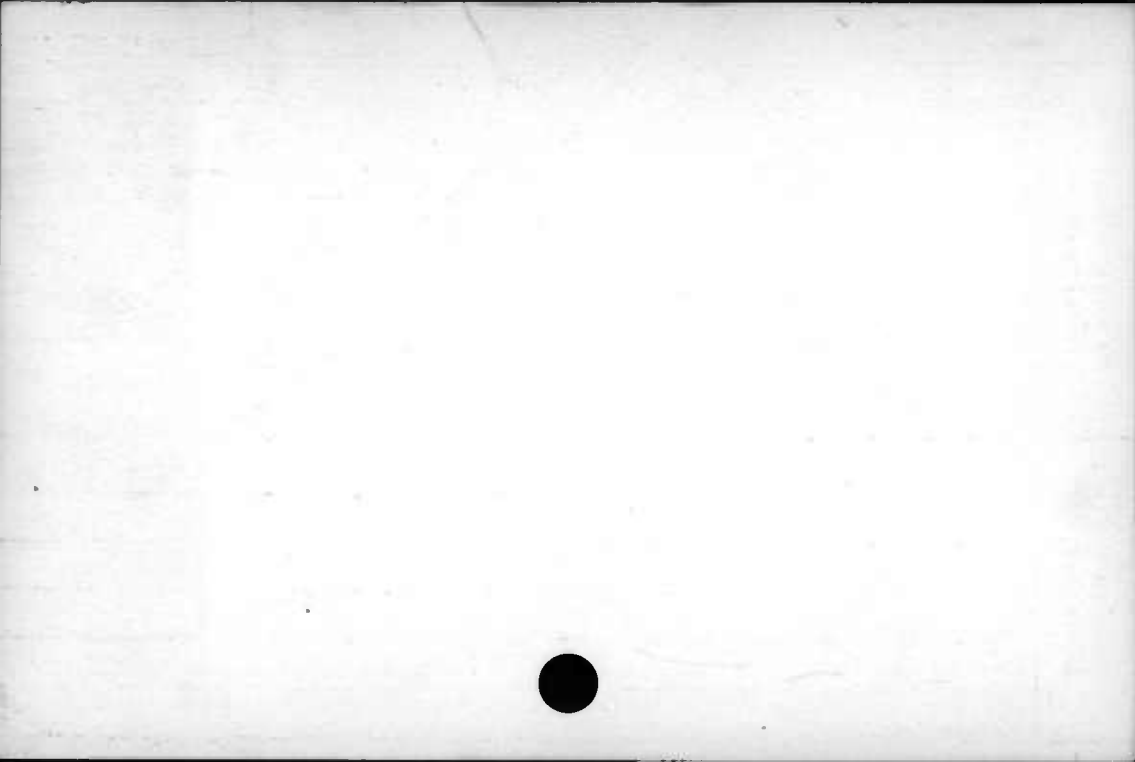
John B. Kravitz


Address

Emmitsburg Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Berta V. Foreche				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Araby</i> <small>Town</small>		<i>Frank</i> <small>County</small>		MARYLAND		
	Date of death <i>1905</i>	<i>2</i> <small>Month</small>	<i>24</i> <small>Day</small>	Age <i>2</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>12</i> <small>Days</small>	
	Sex <i>Female</i>	Color or Race <i>Wh</i>		Birth-place <i>Md</i>			
	Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>					
	Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>					
	Father's Name <i>Althe Foreche</i>	Father's Birthplace <i>Md</i>					
	Mother's Maiden Name <i>Daisy Cutsail</i>	Mother's Birthplace <i>Md</i>					
	Name of person giving information <i>Althe Foreche</i>	<i>93</i>			How related to deceased <i>Sister</i>		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pneumonia - Spinal Meningitis</i>			How long <i>10 days</i>			
	Immediate <i>Exhaustion</i>			How long			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Chas. F. Gordon M.D.</i>			
				Address			
Accident or Suicide? <i>no</i>							

Schroeder

Mt. Olivet

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Junetta Virginia Feltner</i>		Town <i>Brook</i>		County <i>Frederick</i>		MARYLAND	
Died at							
Date of death	1905	Month <i>Feb</i>	Day <i>20</i>	Age <i>4</i>	Years <i>+</i>	Months <i>+</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Brook</i>				
Occupation <i>+</i>	Where Residing if not at place of death <i>+</i>						
Married, Single or Widowed <i>+</i>	Name of Wife or Husband <i>Widow H. Feltner</i>						
Father's Name <i>Marshall H. Feltner</i>	Father's Birthplace <i>Frederick Md</i>						
Mother's Maiden Name <i>Corra J. Miles</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Father, M. H. F.</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Helcatosis, Pulmonary</i>	How long <i>15</i>	
Immediate <i>legionnaires</i>	How long <i>15</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. S. Maynard</i>	
	Address <i>17 Oregon St W.</i>	
Accident or Suicide? <i>no</i>		

Middleton

Name
in
Full

CERTIFICATE OF DEATH

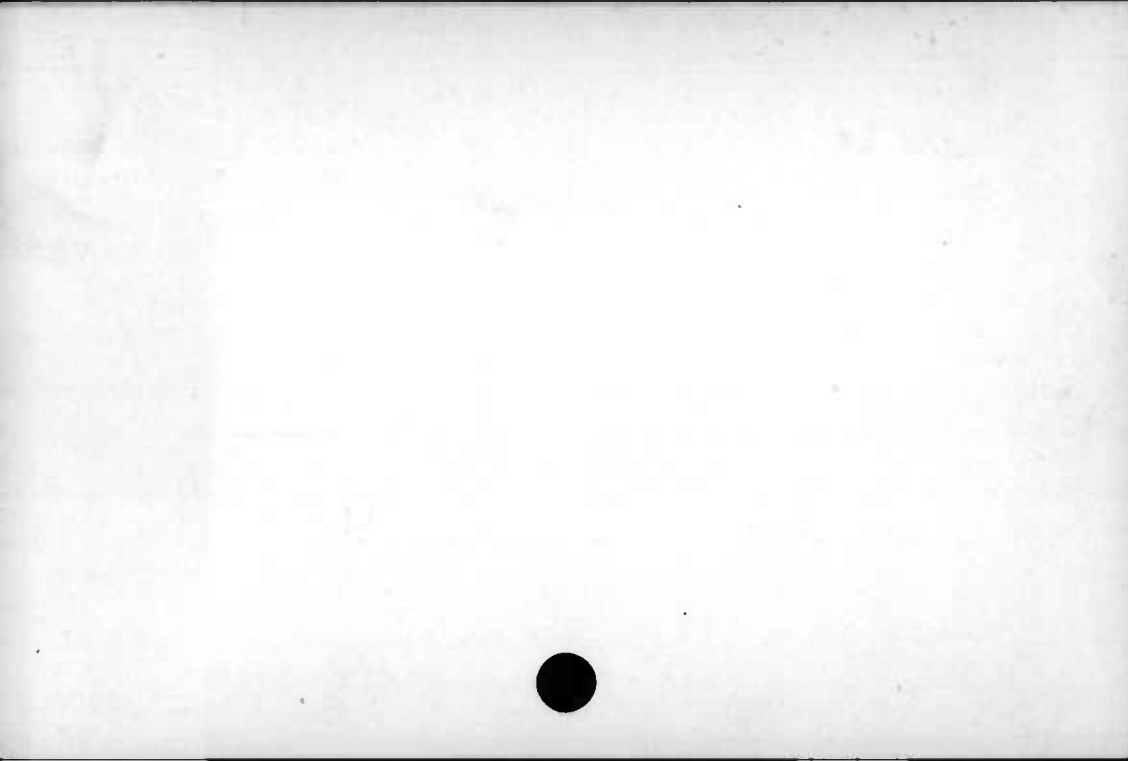
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Walter L. Furek -		County Prick		State MARYLAND	
Died - man Park Hill Prick		Date of death 1905 Feb. 28		Age 42	
Sex Female		Color or Race White		Birth-place MD.	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Silas Furek -			
Father's Name As. W. Dixon		Father's Birthplace MD			
Mother's Maiden Name Walter L. Furek		Mother's Birthplace MD			
Name of person giving information Silas Furek		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dysphoid Fever	How long 2 weeks
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician E. E. Mullins
	Address Urban - MD
Accident or Suicide?	



Name
in
Full

Ann Elizabeth Glosser

CERTIFICATE OF DEATH

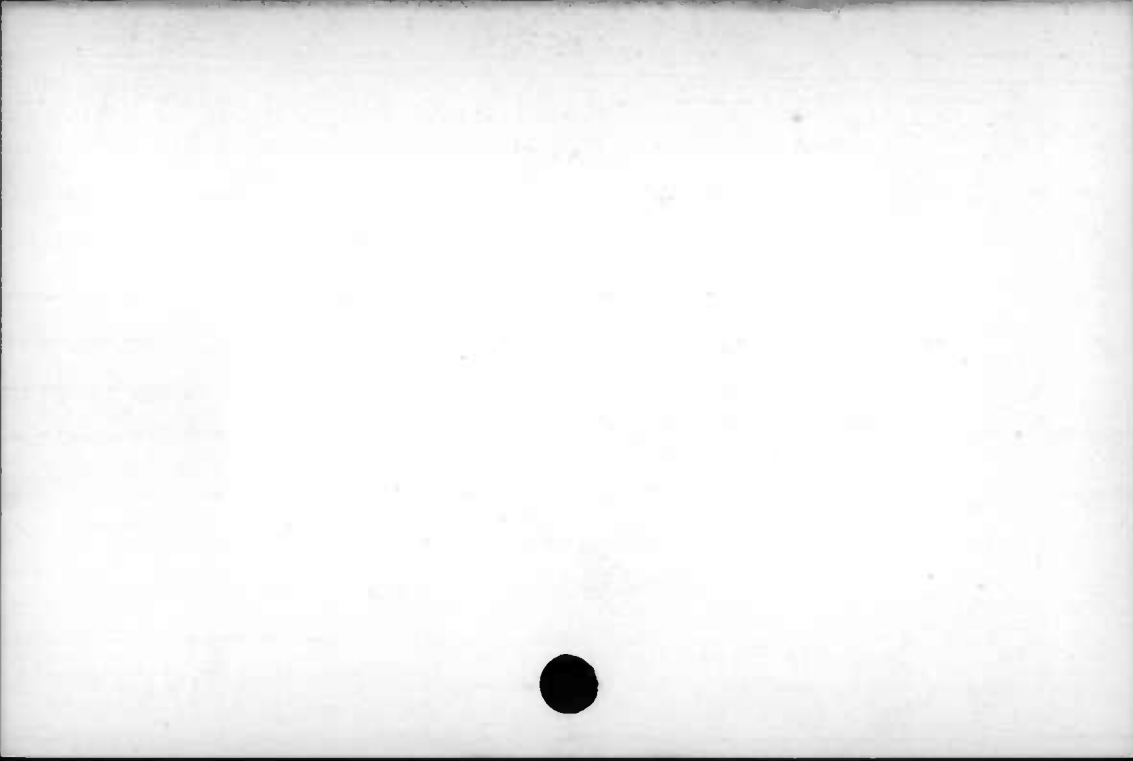
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Woodboro</i>		^{County} <i>Frederick</i>		MARYLAND	
Date of death	<i>1905</i>	^{Month} <i>2</i>	^{Day} <i>10</i>	^{Age} <i>64</i>	^{Years} <i>5</i> ^{Months} <i>10</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>H. Wife</i>		Birth-place	<i>md</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife Husband			<i>James Glosser</i>		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		
<i>D. A. Shavells</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>3 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Dr. Robt</i>	
		Address	
		<i>Woodboro md</i>	
		<i>S. E. Miller</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Jennie Hauer

Town

County

Frederick

Frederick

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

Feb. 2.

Age 48-8-18

Frederick

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband of

Fischer Hauer

Wife

Father's

Mother's

Name

Luther Frazier

Maiden Name

Salina M. Marmen

Cause of

Primary

Apoplexy

Death

Immediate

Paralysis of heart

How long sick

64 Sudden

Accident, Suicide, Homicide

Reported by

J. H. Heddix, M.D.
Frederick, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Bertha May Hedgco

CERTIFICATE OF DEATH

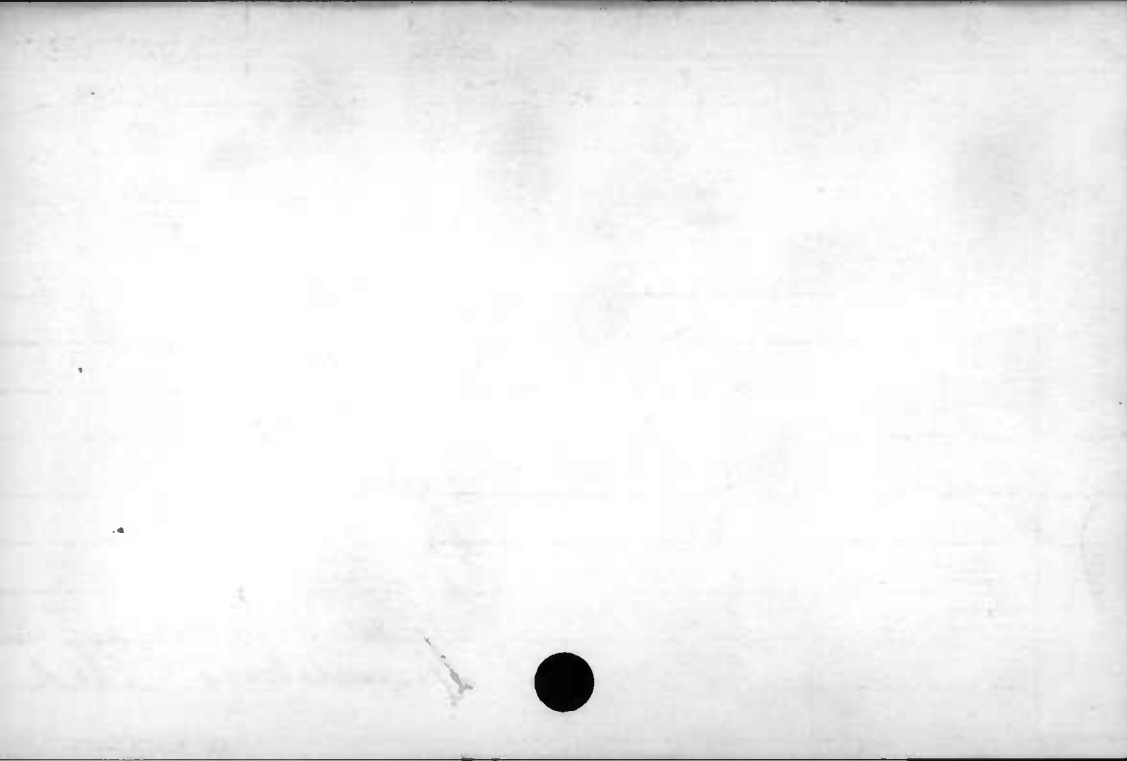
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Brunswick		^{County} Frederick		MARYLAND	
Date of death	190 ^{Month} 7	^{Day} 10	Age	^{Years} 28	^{Months} 11 ^{Days} 10
Sex	Female	Color or Race	white	Birth-place	W. Va.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Anthony B. Hedgco		
Father's Name	John P. Daville			Father's Birthplace	W. Va.
Mother's Maiden Name	Virginia Johnson			Mother's Birthplace	W. Va.
Name of person giving information	A. B. Hedgco			How related to deceased	Her bond

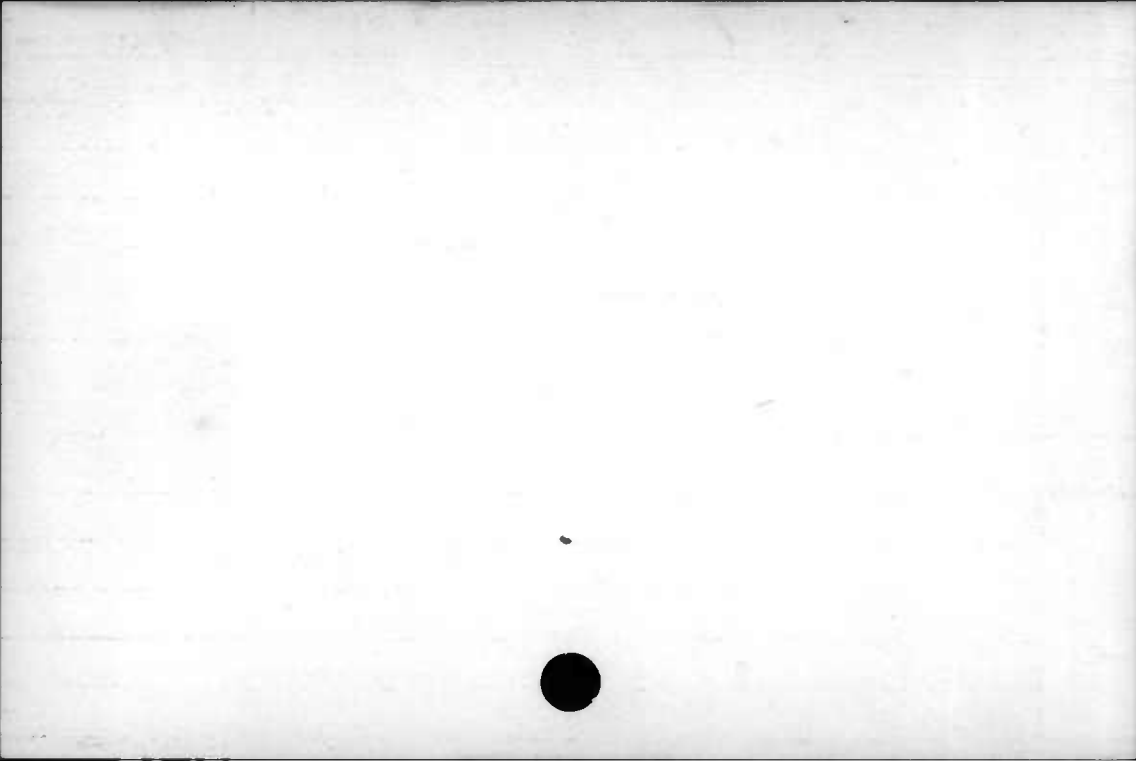
CAUSES OF DEATH

PHYSICIAN
OR CORONER

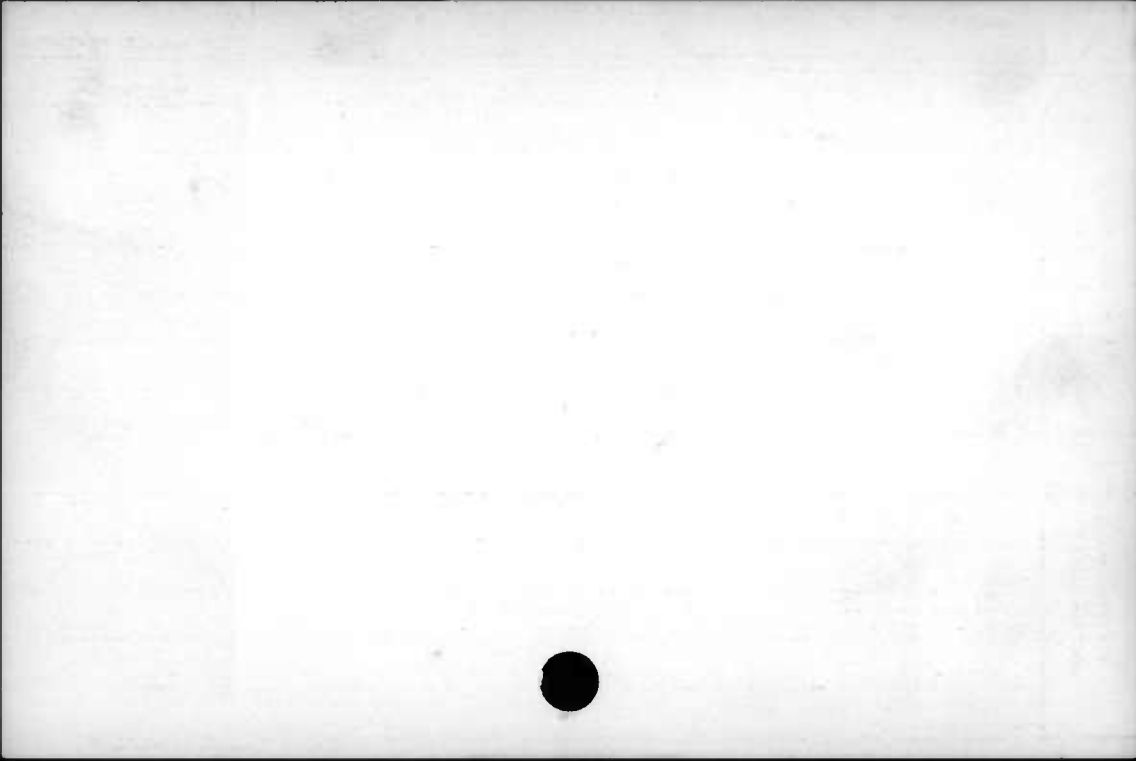
Primary	mumps & pneumonia	How long	1 month
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Levin West		
	Address Brunswick - Frederick Co.		
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Rocky Ridge</i>		County <i>Frederick</i>		MARYLAND	
	Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>10</i>	Age <i>45</i>	Months <i>5</i> Days <i>5</i>	
	Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Rocky Ridge</i>		
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
	Father's Name <i>Henry Heiner</i>	Father's Birthplace <i>Rocky Ridge</i>				
	Mother's Maiden Name <i>Catherine Mearns</i>	Mother's Birthplace				
Name of person giving information <i>Mrs Wm Miller</i>		How related to deceased				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		How long			
	Immediate <i>Pneumonia</i>		How long		<i>93</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>		Signature of Physician <i>J. W. Reichelberger</i>			
			Address <i>Emmitsburg Md</i>			
	Accident or Suicide?					



Name in Full		Lillian Hettrly				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Thurmont		County Frederick		MARYLAND	
	Date of death	1905	Month Feb	Day 17 th	Years 37	Months —	Days 9
	Sex	Male		Color or Race	White		
	Occupation	Brick Layer			Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Bastan				Father's Birthplace	
	Mother's Maiden Name	Hannah Hettrly				Mother's Birthplace	
	Name of person giving information	John Wilhite				How related to deceased	
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	3 years.
	Immediate	—				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?		No				



Name
in
Full

Helen Irene Hildebrand

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{East} <i>Near</i> ^{Town} <i>Fredericks</i>		^{County} <i>Fredk.</i>		MARYLAND	
Date of death	1905	Month	2	Day	22
Sex	Female	Color or Race	White.	Age	5
Occupation			Where Residing if not at place of death	Months	5
Married, Single or Widowed		Name of Wife or Husband		Days	0
Single				Birth-place	<i>F. Co. Md.</i>
Father's Name		Father's Birthplace			
<i>Franklin T. Hildebrand</i>		<i>F. Co. Md</i>			
Mother's Maiden Name		Mother's Birthplace			
<i>Delfhia I. Fogle.</i>		" " "			
Name of person giving information		How related to deceased			
<i>F. T. Hildebrand</i>		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
yes	
Signature of Physician	
Address	
Accident or Suicide?	

Houb



Name
in
Full

Anna Rebecca Herier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Rocky Bridge*^{County} *Fredricks*Date of death 1905- ^{Month} *Feb*^{Day} *5-*Age ^{Years} *82*^{Months} *11*^{Days} *19*Sex *Female*Color or
Race*White*Birth-
place*Rocky Bridge*

Occupation

*House Keeper*Where Residing if not
at place of death☐ Married, Single
or Widowed☐ Name of Wife or
HusbandFather's
Name*Henry Herier*Father's
Birthplace*Rocky Bridge*Mother's
Maiden Name*Catherine Marian*Mother's
BirthplaceName of person giving
In formation*Mrs Wm Miller*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

Old Age

How long

Immediate

Congestion of Lungs

How long

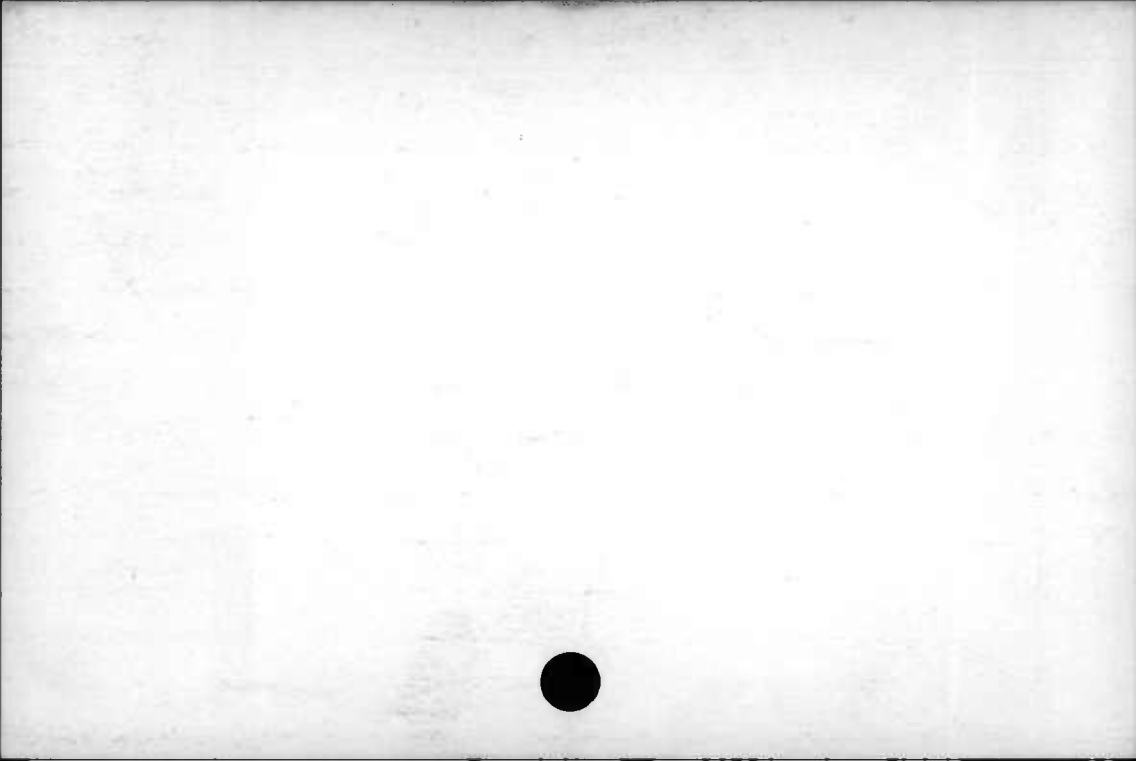
*2 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

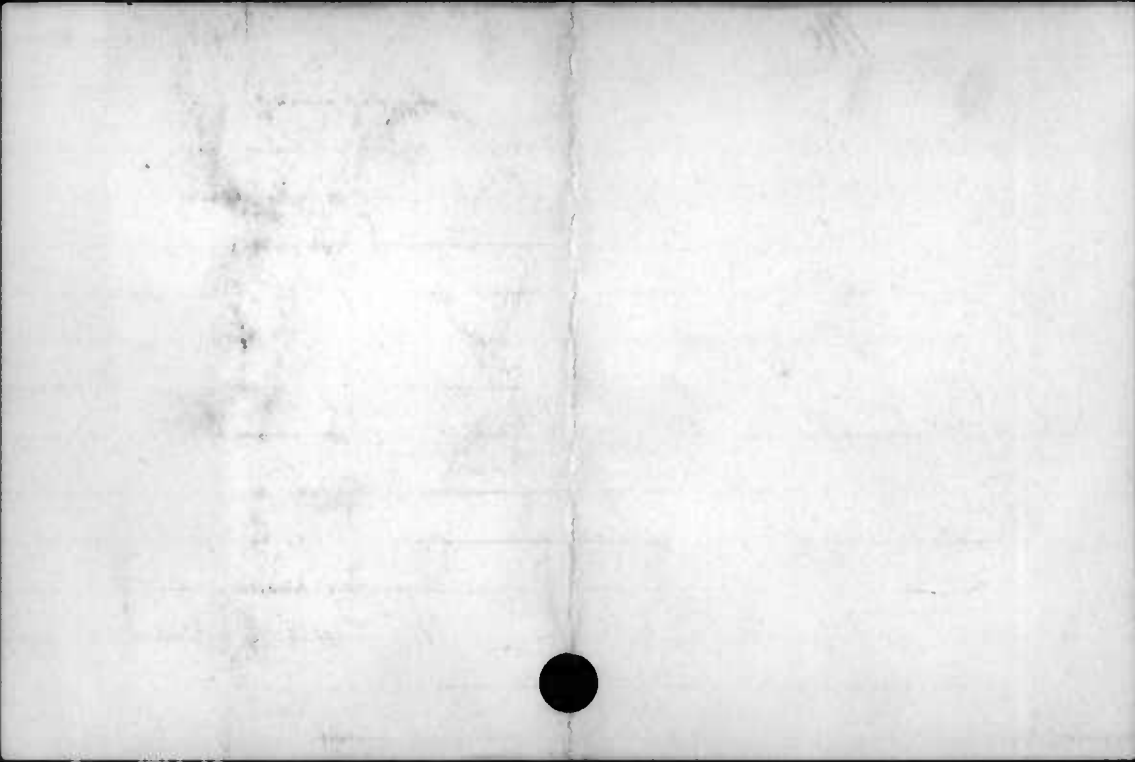
*J. W. Eichelberger**Emmitsburg**Fred. H. Co. Md*

Accident or Suicide?

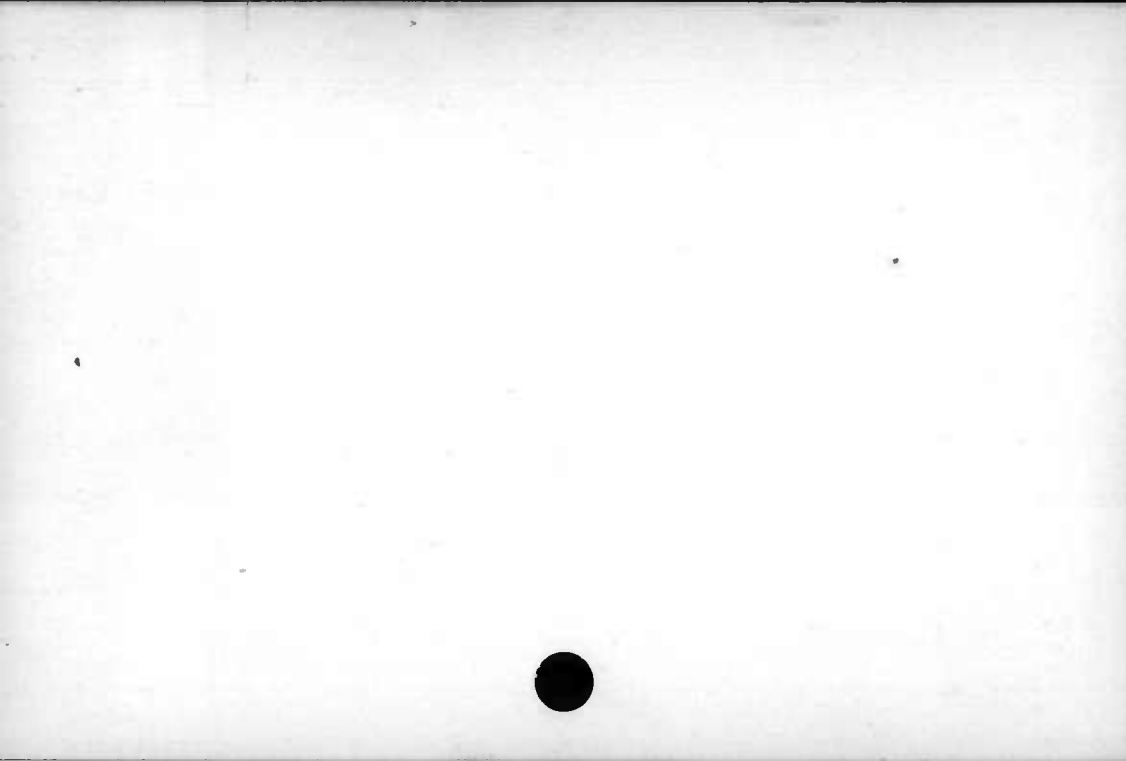
PHYSICIAN
OR CORONER



Name in Full		Mary Malinda Hoepelhorn				CERTIFICATE OF DEATH	
		Town Thumount		County Frederick		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Thumount		Frederick			
	Date of death	1905	Month Feb	Day 17	Age 81	Years 81	Months 11
	Sex	Female		Color or Race	White, American		Birthplace
	Occupation	Housekeeper		Where Residing if not at place of death		Thumount, Fred. Co	
	Married, Single or Widowed	Widow		Name of Widow Husband	Henry Hoepelhorn		
	Father's Name	J. J. Germond		Father's Birthplace	Fred. Co Md		
PHYSICIAN OR CORONER	Mother's Maiden Name	Elizabeth G. Johnson		Mother's Birthplace	Fred. Co Md		
	Name of person giving information	E. L. Boblitz		How related to deceased	Stepson.		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Broncho-Pneumonia		How long	2 weeks		
	Immediate	Empyema of Base l. lung, Septic infection		How long	1 week		
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	E. C. Stefanyk		
				Address	Thumount. Md		
Accident or Suicide? <input type="checkbox"/>							



Name in Full		Lupton Arch. Kolb				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Indenuech		County Indenuech		MARYLAND
	Date of death	1905	Month 2	Day 11	Age Years	X	Months X
	Sex Male		Color or Race White		Birth- place Indenuech		
	Occupation X		Where Residing if not at place of death X				
	Married, Single or Widowed		Name of Wife or Husband X				
	Father's Name D.D. Kolb -				Father's Birthplace Indenuech		
	Mother's Maiden Name Mif. Ella Mesley				Mother's Birthplace Indenuech		
Name of person giving In formation Mrs D D Kolb				How related to deceased Mother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Premature Birth		How long 151		
	Immediate		Suauetion		How long X		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Mable Buchanan Jacob		
					Address Indenuech		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

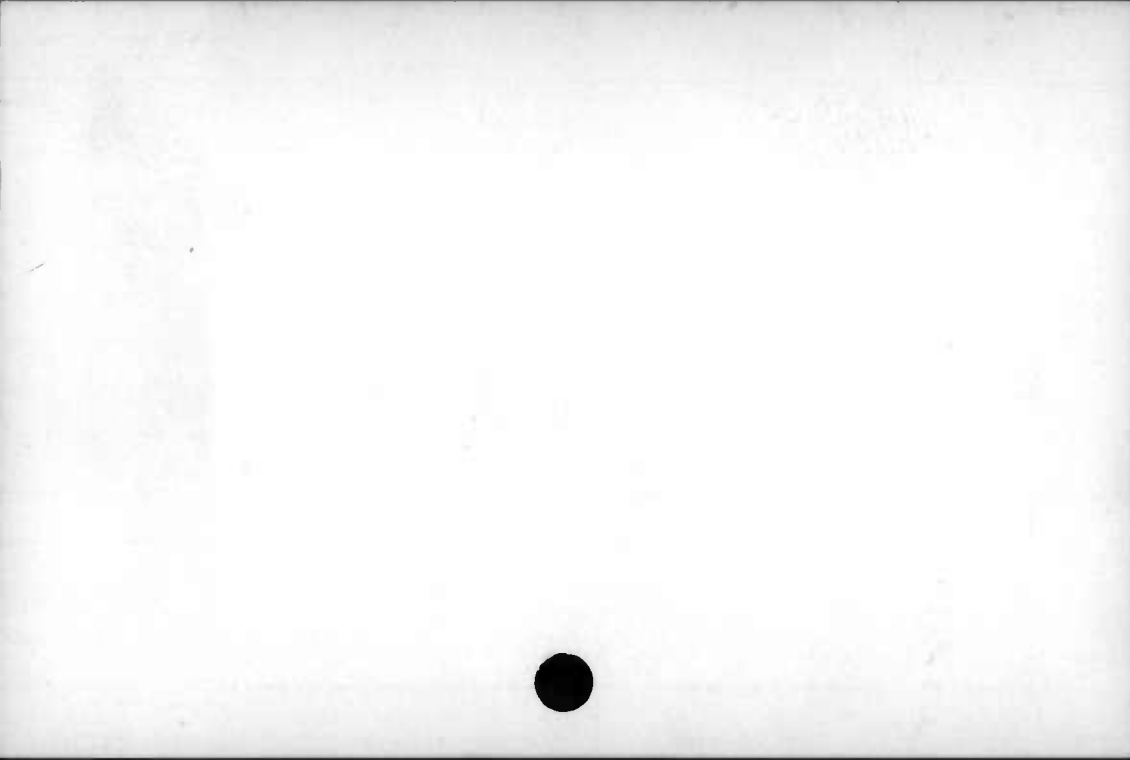
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Elizabeth Kolb</i>		Town <i>Gradenier</i>		County <i>Princeton</i>		MARYLAND	
Died at <i>Gradenier</i>		Date of death 190 <i>8</i>		Month <i>Feb</i>		Day <i>20</i>	
Age <i>67</i>		Years <i>67</i>		Months <i>2</i>		Days <i>4</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Not given</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>					
Name of Wife or Husband <i>David H. Kolb</i>							
Father's Name <i>Wm. Carter</i>		Father's Birthplace <i>+</i>					
Mother's Maiden Name <i>Mary Ann Killian</i>		Mother's Birthplace <i>X</i>					
Name of person giving information <i>Mary Rhodes</i>		How related to deceased <i>Son-in-law</i>					

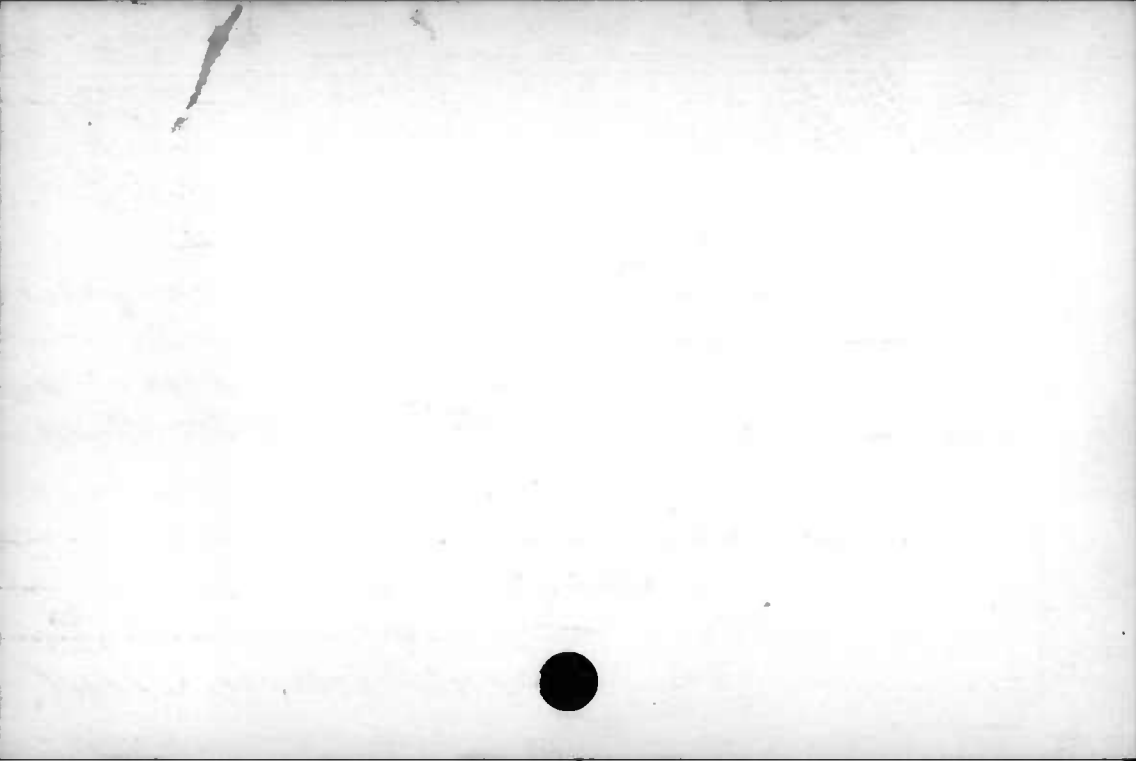
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fractured hip 164</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. Goodman, M.D.</i>	
		Address <i>Princeton, Md.</i>	
Accident or Suicide? <i>✓</i>			



Name in Full		Infant childa				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Tewn		County		MARYLAND		
	Died at		Frederick				
	Date of death	1905	Month	2	Day	16	Age
	Sex		Female		Color or Race		White
	Occupation				Birth-place		Cheagertown
	Where Residing if not at place of death						
	Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name		Charles E Kolo		Father's Birthplace		
	Mother's Maiden Name		Berlin Bell. Balzell		Mother's Birthplace		
	Name of person giving information		Charles E Kolo		How related to deceased		
					Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Still Born S.		How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. D. S. Young		
			Address		Cheagertown		
					Ma		
Accident or Suicide?							



Name
in
Full

William Kunev

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Montinue Hospital* ^{Town} *Frederick* ^{County}

MARYLAND

Date of death *1905* ^{Month} *Feb* ^{Day} *1* ^{Years} *88* ^{Months} *9* ^{Days}Sex *Male* Color or Race *White* Birth-place

Occupation Where Residing if not at place of death

Married, ~~Single~~ ^{or Widowed} Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary *General Debility*

How long

Immediate

How long

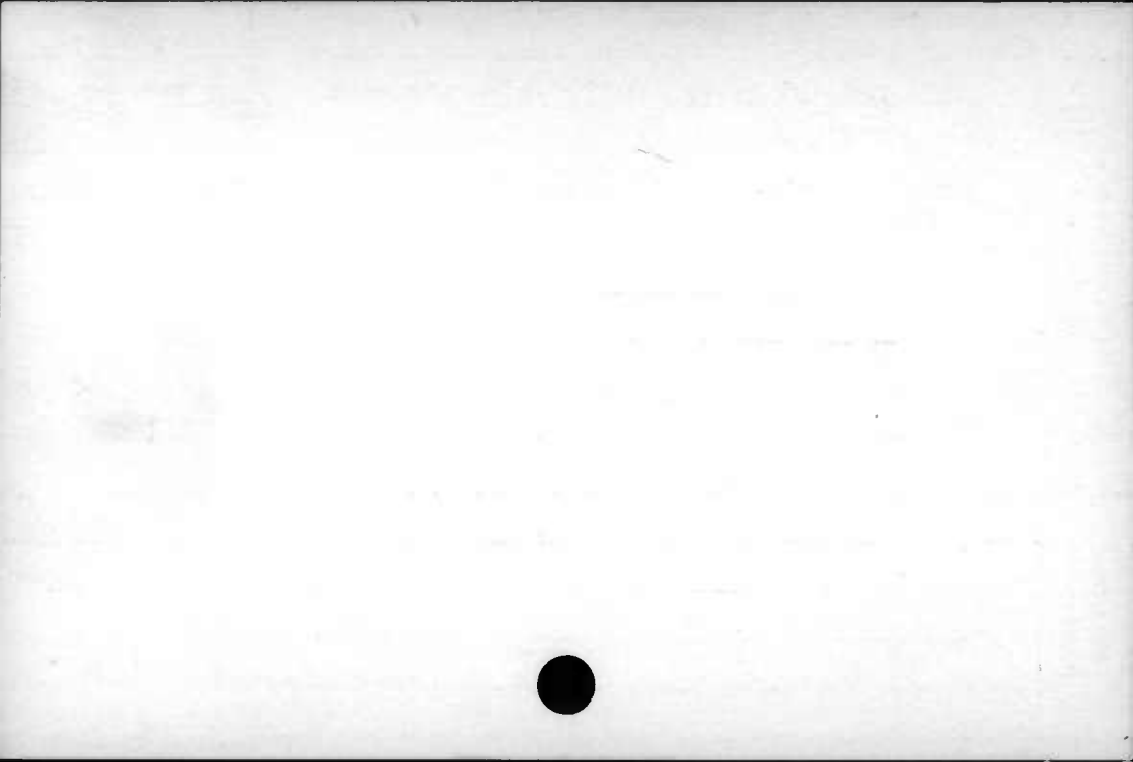
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

R. S. Lyson.
Frederick
Md.



Name

in
Full

Infant of Grason Larkens

CERTIFICATE OF DEATH

Died at

Frederick

Town

County

Frederick

MARYLAND

Date

of death 1905

Month

2

Day

25

Age

Years

—

Months

—

Days

2 1/2 hrs

Sex

Female

Color or
Race

Black

Birth-
place

City

Occupation

—

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Grason Larkens

Father's
Birthplace

Md

Mother's
Maiden Name

Butler

Mother's
Birthplace

"

Name of person giving
information

Grason Larkens

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth

How long

—

Immediate

Exhaustion

How long

2 1/2 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

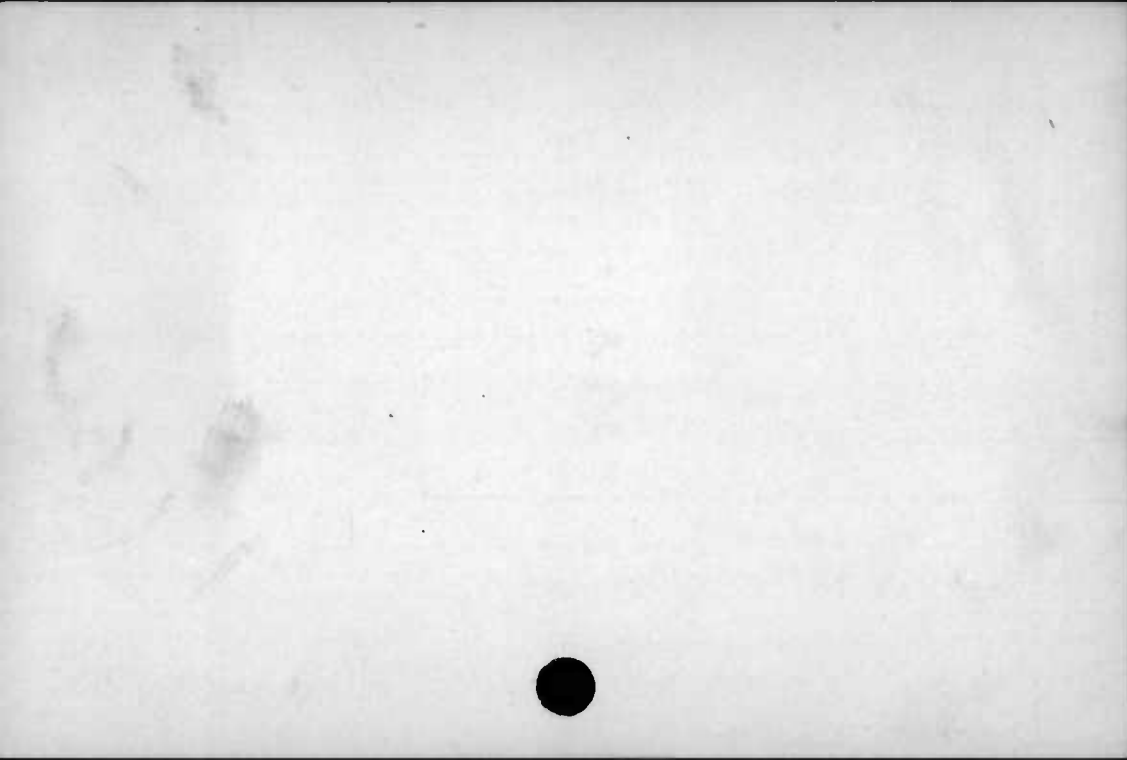
Address

J. O. Hendrix

per J. P. R.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

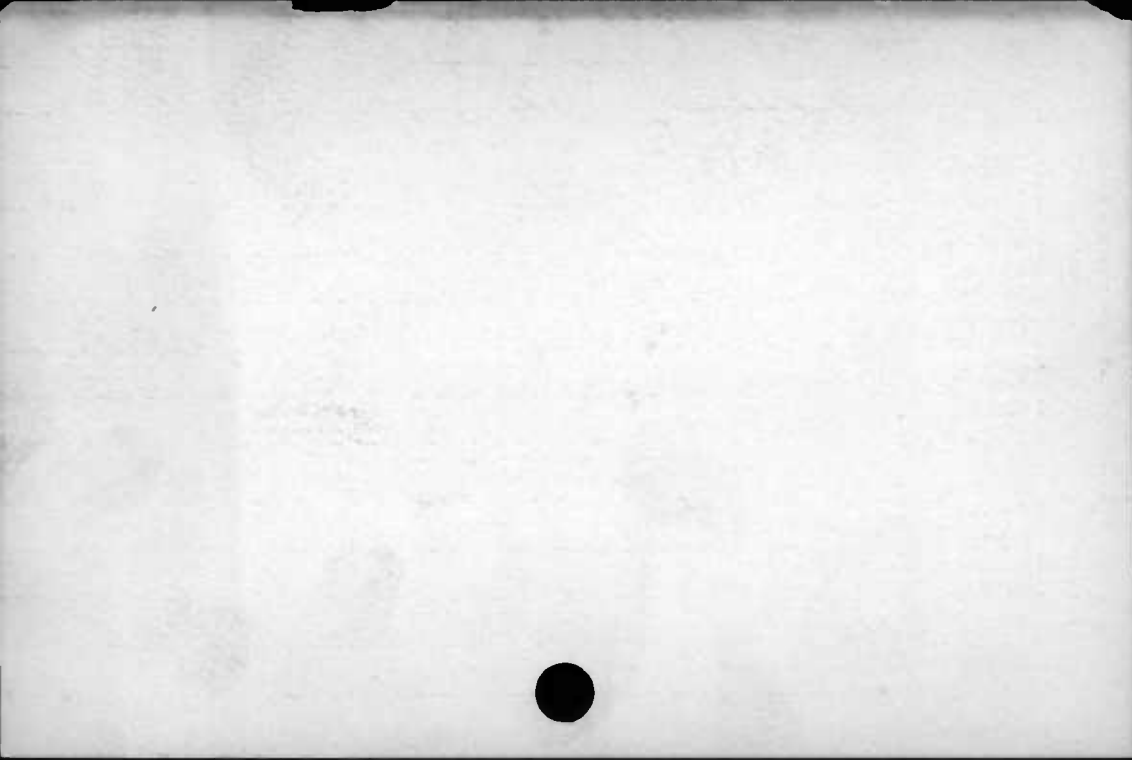
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barlowville</i> Town		<i>Frederick</i> County		No. <i>4</i>	
Date of death 190 <i>5</i>		Month <i>2</i>	Day <i>14</i>	Age <i>Still born</i> Years	Months Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co</i>	
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Chas Leary</i>			Father's Birthplace <i>Frederick Co</i>		
Mother's Maiden Name <i>Wm Leary</i>			Mother's Birthplace <i>Frederick Co</i>		
Name of person giving information <i>W. C. Johnson</i>			How related to deceased <i>S.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm C. Johnson</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

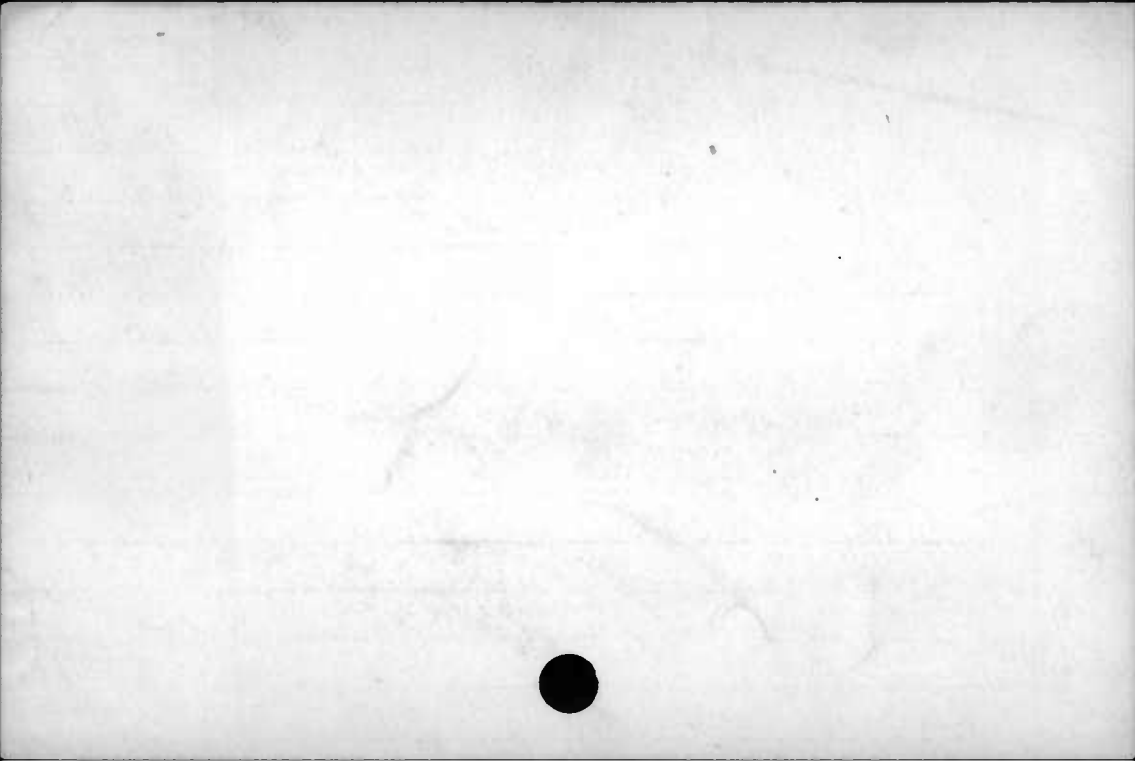
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Freshly Magahe		Town Brunswick		County Frederick		State MARYLAND	
Died at		Month Feb.		Day 14		Years 70	
Date of death 1905 Feb. 14		Age 70		Months -		Days -	
Sex Male		Color or Race white		Birth-place V^a			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name -		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased 79					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease	How long	6 mos
Immediate	General anasarca	How long	2 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Levin Keat	
		Address	
		Brunswick	
		Frederick Co	
Accident or Suicide?			



Name
in
Full

Robert Cooper McGinn

CERTIFICATE OF DEATH

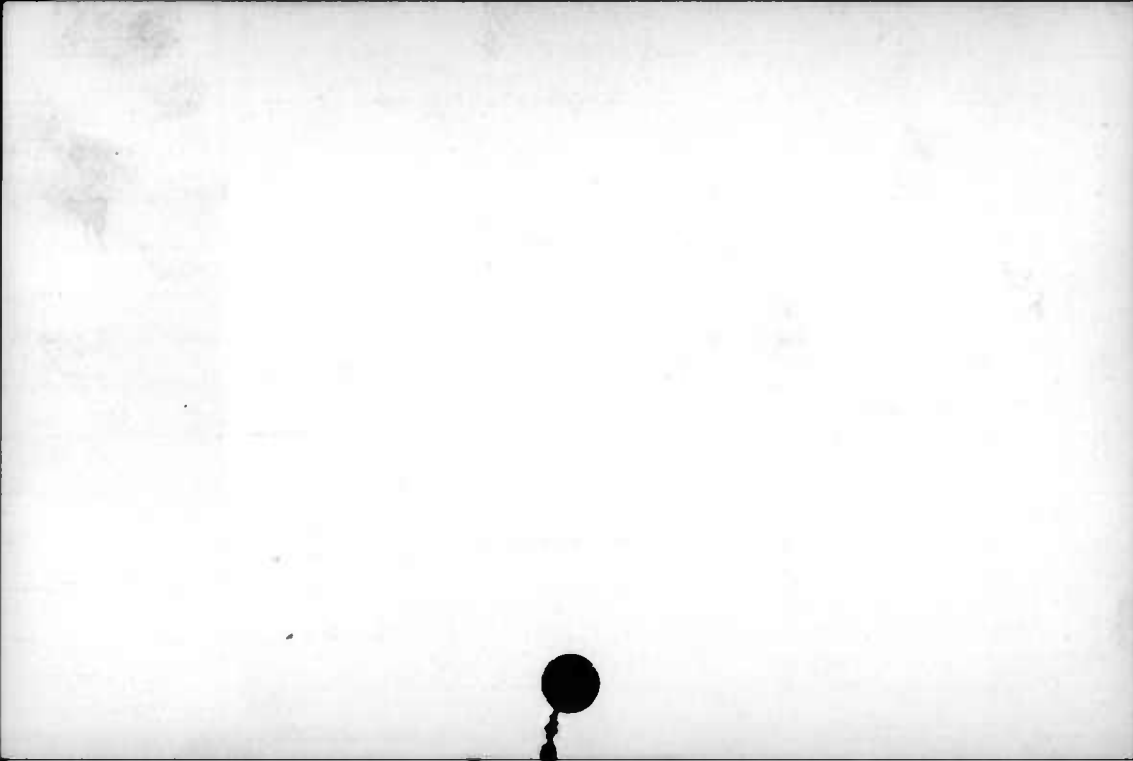
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Unionville</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1905	Month	<i>Feb.</i>	Day	<i>10</i>	Years	<i>73</i>
						Months	<i>4</i>
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>York Ireland</i>
Occupation	<i>Retired Teacher</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>Julia Quay Skright</i>			
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>		
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>Unknown</i>		
Name of person giving information	<i>Liona Pearne</i>			How related to deceased	<i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>93 one week</i>
Immediate	<i>Exhaustion</i>	How long	<i>about 6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos P. Sappington</i>
		Address	<i>Unionville</i>
			<i>Maryland</i>
Accident or Suicide?			



Name
in
Full

Daniel Mc Kenzie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Rocky Springs

Town

Frederick

County

Date of death 1905

Month 2

Day 3

Age 78

Years

Months

Days

Sex Male

Color or Race White

Birthplace

Frederick Md.

Occupation

Farmer

Where Residing if not at place of death

Same

Married, Single or Widowed

Married

Name of Wife or Husband

Elizabeth Gonso.

Father's Name

Lewis Mc Kenzie

Father's Birthplace

Wash. Co. Md.

Mother's Maiden Name

Gouker.

Mother's Birthplace

Carroll " "

Name of person giving information

John & Lewis Mc Kenzie

How related to deceased

Son's

CAUSES OF DEATH

Primary

Diabetes mel - Gangrene

How long

3 mos

Immediate

Exhaustion

How long

59 1 mo

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Chas. F. Goodell M.D.

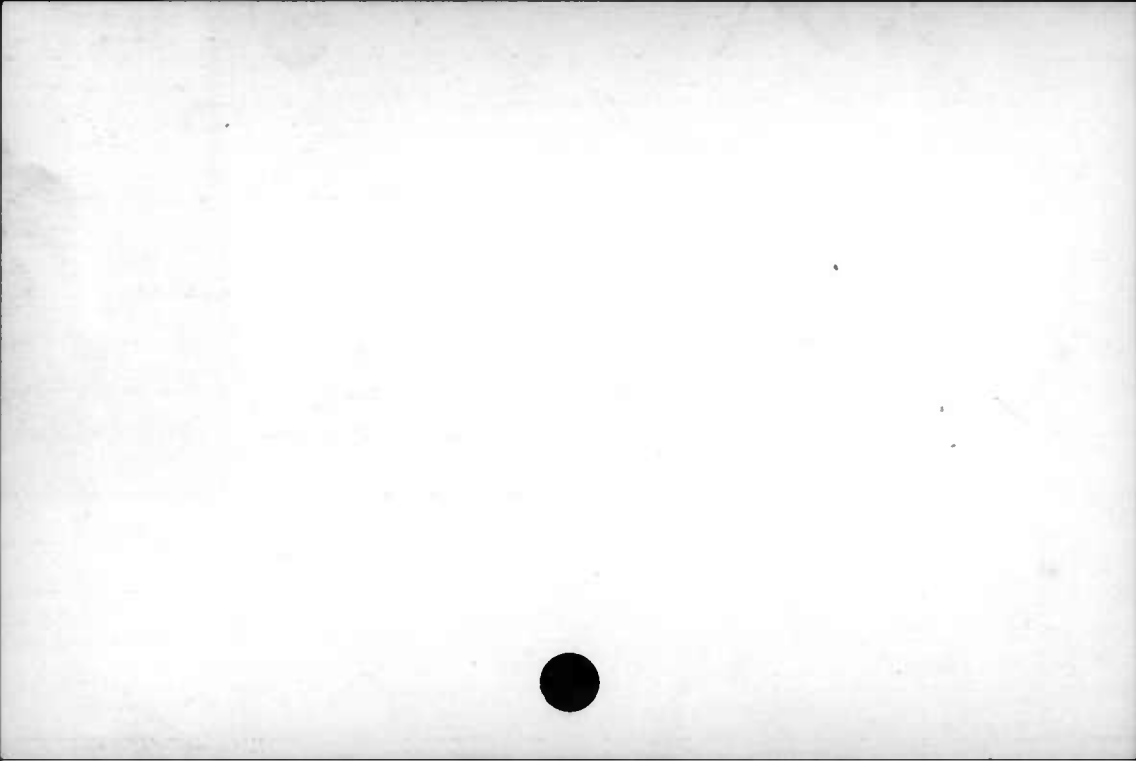
Address

Frederick, Md.

Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name in Full		Sophia Markell				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Frederick	County Frederick		STATE MARYLAND		
		Date of death	1905	Month 2	Day 25	Age 88	Months 9	Days 23	
		Sex	Female		Color or Race	wh		Birth-place	Md
		Occupation	H. Wiper		Where Residing if not at place of death				
		Married, Single or Widowed			Name of Wife or Husband	George Markell			
		Father's Name	Jacob Markell				Father's Birthplace	Md	
		Mother's Maiden Name	Sophia Schley				Mother's Birthplace	Md	
		Name of person giving information	Mrs Chaplin			How related to deceased	Grand daughter		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER		Primary Accident - Fracture right Hips				How long 4 days			
		Immediate Exhaustion				How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
		Yrs				Lenas F. Goodell, M.D.			
		Address				Frederick, Md.			
		Accident or Suicide?				no			



Name
in
Full

Sophia Mohler

CERTIFICATE OF DEATH

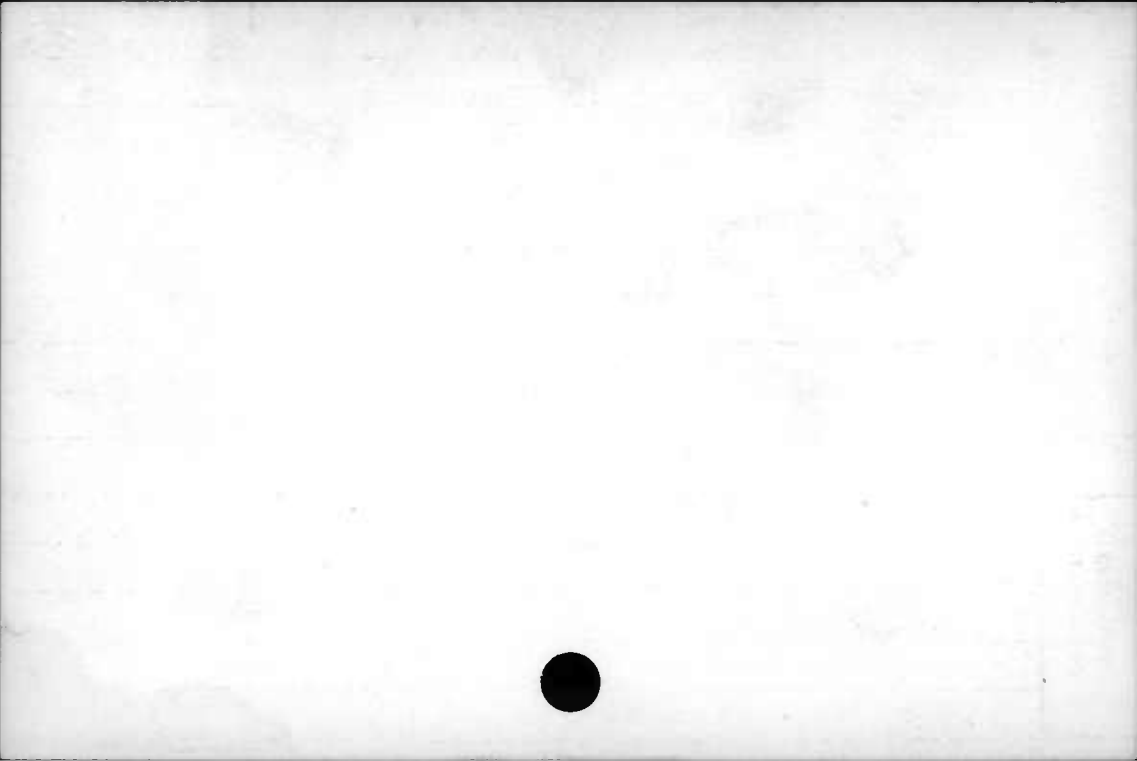
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lewistown</i> <small>Town</small>		<i>Fredricks</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Feb</i>	Day <i>1</i>	Age <i>8 1/2</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lewistown</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Andrew R. Mohler</i>			
Father's Name <i>Geo Mc Cormick</i>		Father's Birthplace <i>Lewistown Md</i>			
Mother's Maiden Name <i>Green</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Frank W. Mohler</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	How long <i>154</i>	How long <i>5 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>154</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. E. Miller</i>	
	Address <i>Lewistown Md</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of John C. Moore

Town

County

Died at

Rocky Springs Ford's

MARYLAND

Date

of death 1905

Month

2

Day

1

Age

Years

Months

Days

14

Sex

Male

Color or
Race

White

Birth-
place

Same

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John C. Moore

Father's
Birthplace

T. Co. Md.

Mother's
Maiden Name

Catherine C. Myers

Mother's
Birthplace

Va

Name of person giving
In formation

John C. Moore

How related
to deceased

Father

CAUSES OF DEATH

Primary

Prematurity

15

How long

14 days

Immediate

Inattention

Are the name, age, sex, color, date
and place correctly given above?

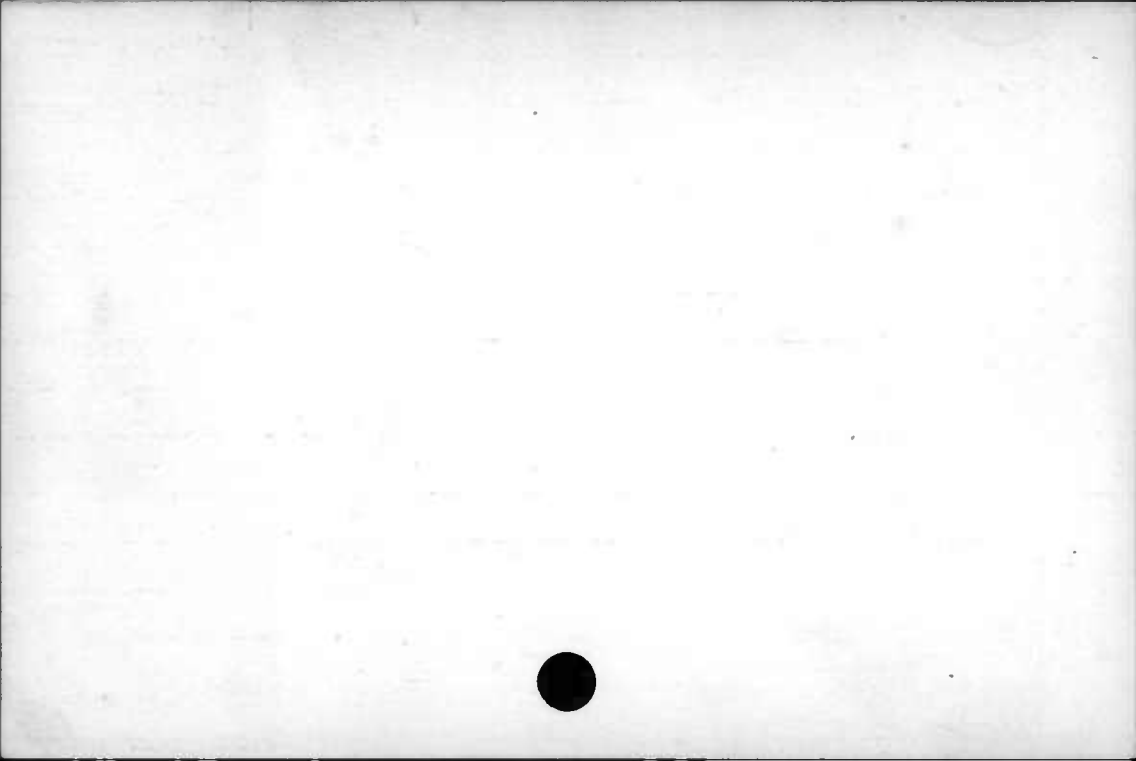
Yes

Signature of
Physician

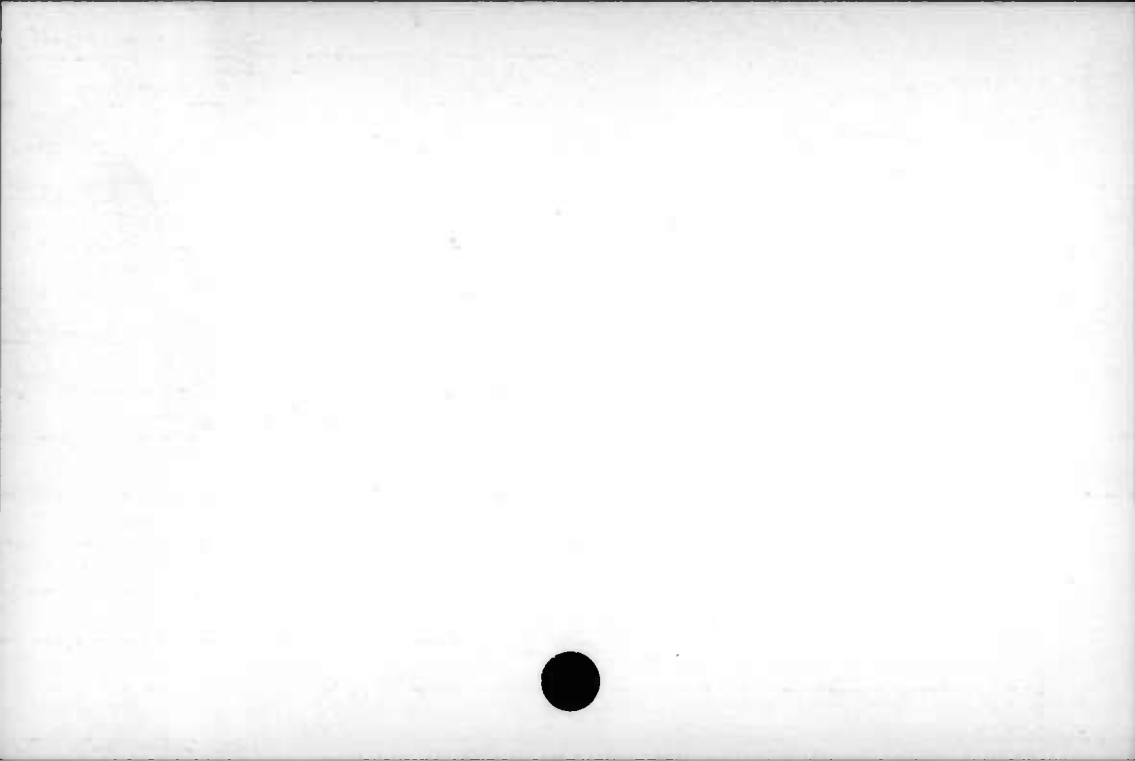
Address

Frank Hedges
Frederick

Accident or Suicide?



Name in Full		William V. Morgan					CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND						
		Frederick		OK 4/11	Frederick								
		Date of death	1903	Month	2	Day	19	Years	64	Months	9	Days	17
		Sex	Male		Color or Race	White		Birthplace	F. Co. Md.				
		Occupation	Laborer			Where Residing if not at place of death	Same						
		Married, Single or Widowed	Widower		Name of Wife or Husband	Emma J. Main.							
		Father's Name	John Morgan					Father's Birthplace	F. Co. Md.				
		Mother's Maiden Name	Rachel Cutsail					Mother's Birthplace	" " "				
PHYSICIAN OR CORONER		Name of person giving information	Mrs Cha's. Green					How related to deceased	Daughter				
		CAUSES OF DEATH											
		Primary	cerebral hemorrhage					How long	1 1/2 hours				
		Immediate	cardiac paralysis					How long	1 hour				
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Frank Hedges						
						Address	Frederick						
		Accident or Suicide?											



Name
in
Full

John P. Moser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Emmitsburg^{County} Frederick

Date of death 1905 February

Month

Day

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth
place

Frederick Co. Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Deliah Elizabeth Moser

Father's
Name

William Moser

Father's
Birthplace

Fred. Co. Md

Mother's
Maiden Name

Martha Gaugh

Mother's
Birthplace

Fred. Co. Md

Name of person giving
In formation

Edgar C. Moser

How related
to deceased

Son

CAUSES OF DEATH

Primary

Stomach Bouchle

How long

2 years

Immediate

Abscess

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

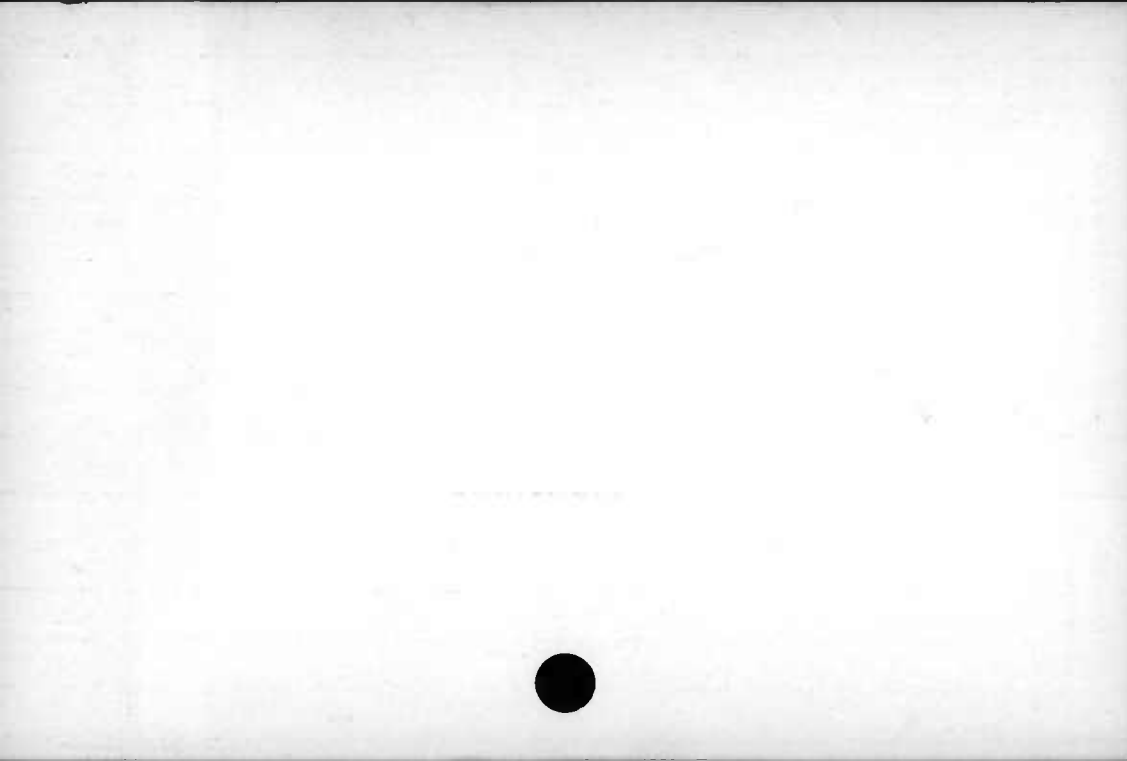
J. H. Eichberger

Emmitsburg

Fred. Co. Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Nancy Myers -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Monticume Hospital* TownCounty *Frederick*

MARYLAND

Date of death

1905

Month

Feb

Day

14

Years

68

Age

Months

Days

Sex

*Female*Color or
Race*Black*Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Pneumonia

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

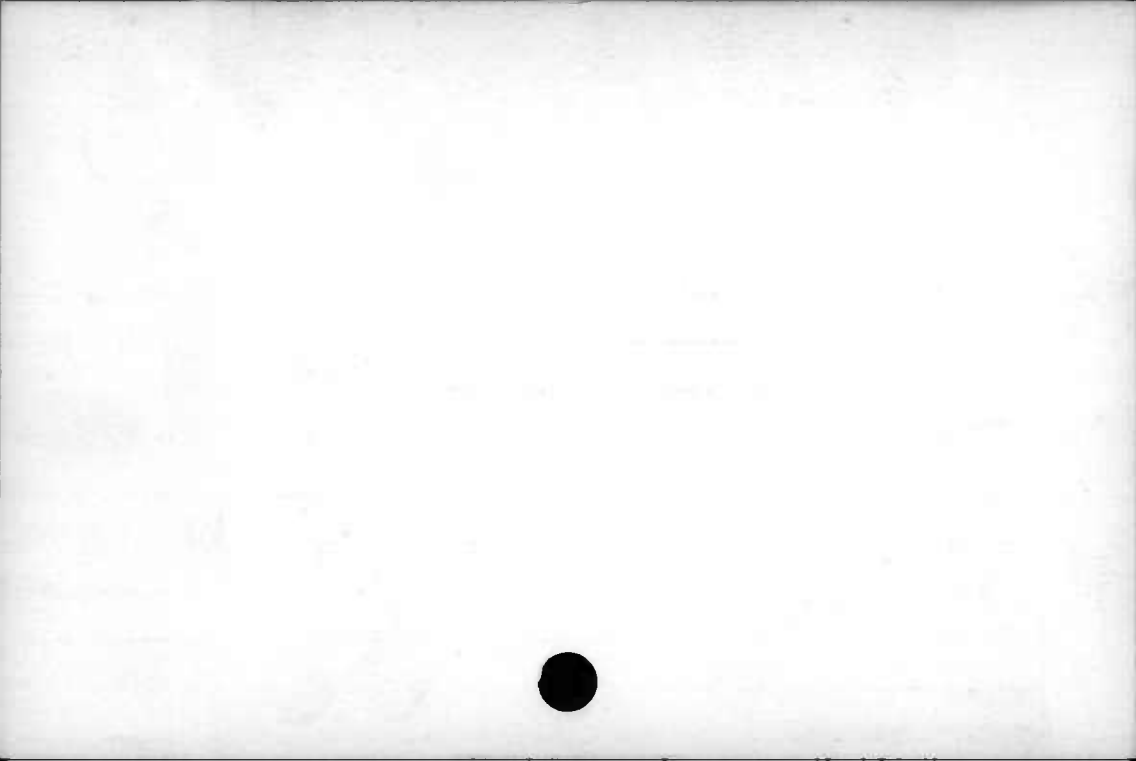
Address

Accident or Suicide?

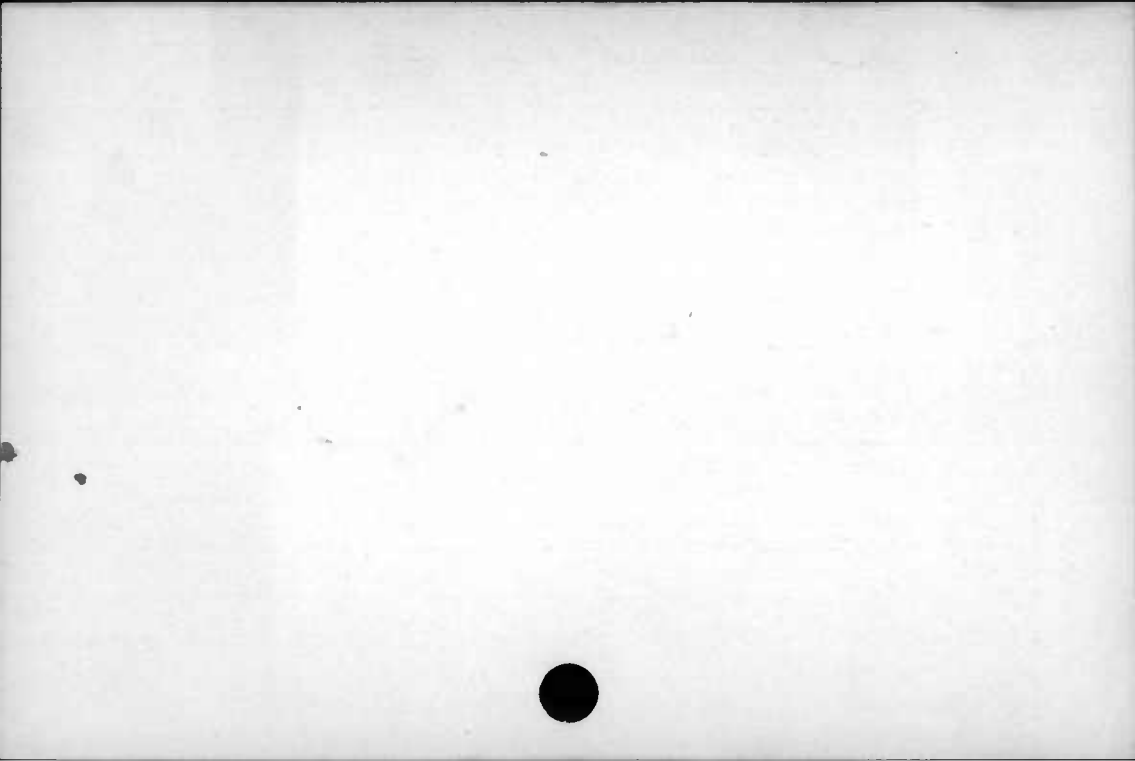
PHYSICIAN
OR CORONER

93

*R. Lyson**Frederick*
Ind.



Name in Full Moses Proey		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Plant Hill <small>Town</small>		Frederick <small>County</small>
	Date of death 190 5 <small>Month</small> Feb. <small>Day</small> 1 <small>Years</small> 3 <small>Months</small> <small>Days</small> 		MARYLAND
	Sex Male	Color or Race Colored	Birth-place md
	Married, Single or Widowed 		Occupation
	Name of Wife or Husband 		
	Father's Name Don't know		Father's Birthplace
	Mother's Maiden Name Annie Proey		Mother's Birthplace md
Name of person giving information Thos. P. Reide		How related to deceased None	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia		How long 93 Don't know
	Immediate 		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician T. Clyde Coulson
	Address Dr. T. E. R. MILLER, FREDERICK, MD.		Sub Reg.
	Accident or Suicide? 		HEALTH OFFICER



Name
in
Full

CERTIFICATE OF DEATH

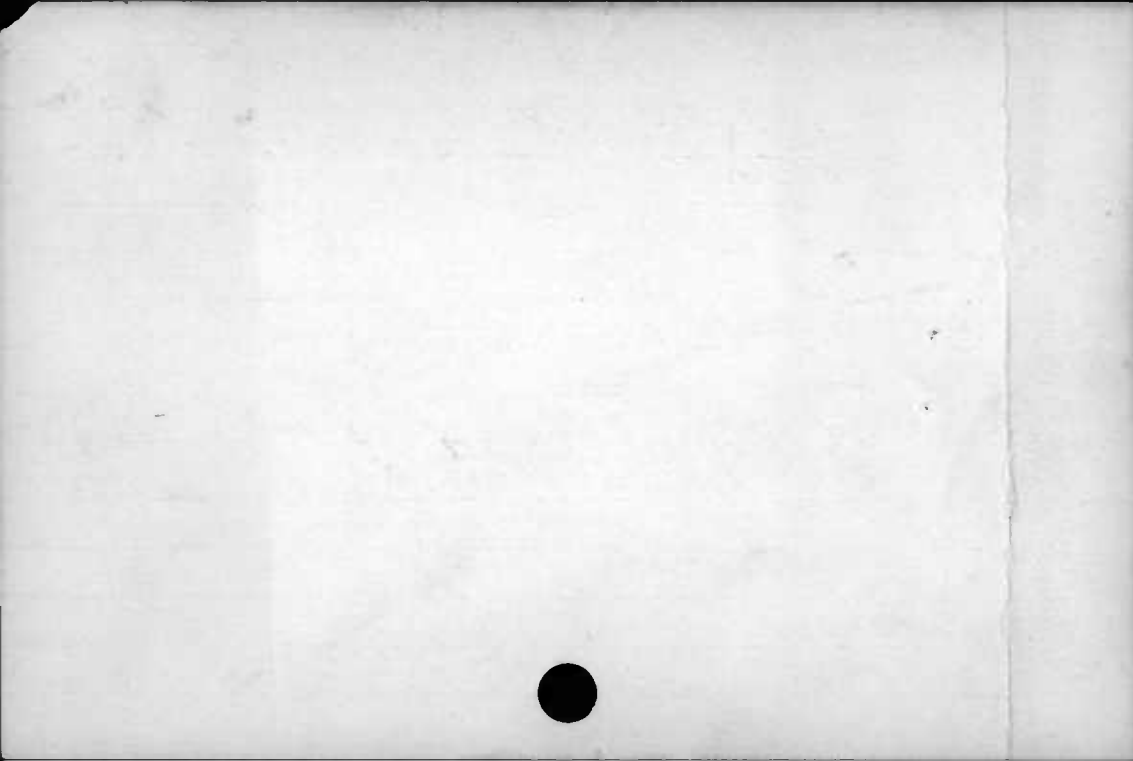
TO BE ANSWERED BY
NEAREST FRIEND

Isabella Pryor.		Town		County		MARYLAND	
Died at		Mt St-Marys.		Frederick			
Date		Month	Day	Years	Months	Days	
of death 190		5-	Feb	23	Age	72	10 13
Sex	Female.	Color or Race	White	Birth-place	Ft Hill		
Married, Single or Widowed		Widowed		Occupation Retired			
Name of Wife or Husband		Geo. W. Pryor.					
Father's Name		David Bukerman				Father's Birthplace Ft Hill	
Mother's Maiden Name		Catherine Fort				Mother's Birthplace "	
Name of person giving information		M. L. Pryor.				How related to deceased Son	

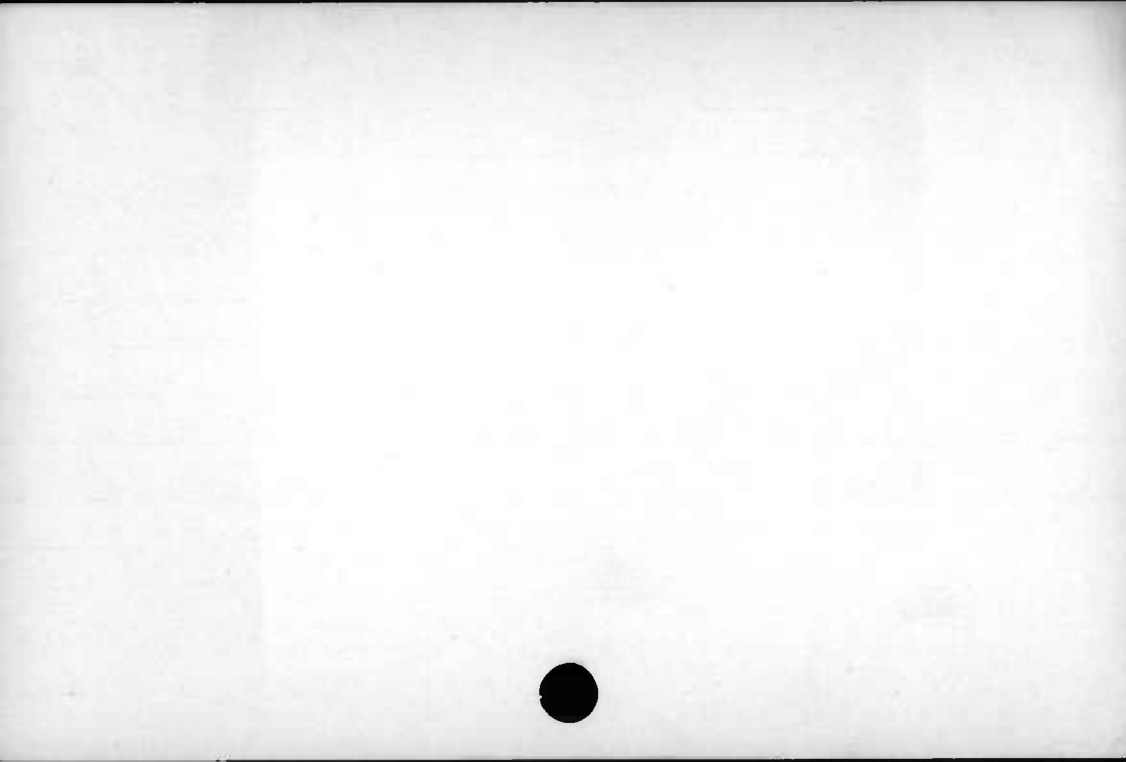
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Interstitial Nephritis	How long	10 yrs
Immediate	Uremic poisoning	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Morris D. Bailey	
Address		Thurmont	
Accident or Suicide?		No	



Name in Full		Benjamin T. Purdy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		Date of death 190		Month	Day	Years	Months
		5		July	17	77	11
		Sex		Color or Race		Birth-place	
		Male		White		Md.	
		Married, Single or Widowed		Occupation			
		Married		Shingle Maker			
		Name of Wife or Husband					
		Ann Purdy					
		Father's Name				Father's Birthplace	
		Mother's Maiden Name				Mother's Birthplace	
		Name of person giving information				How related to deceased	
		Geo. Purdy				Son.	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary				How long	
		General Debility				6 mo or 1 yr	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
		Dr. T. E. R. MILLER,				Address	
		FREDERICK, MD.				No attending Physician	
		Accident or Suicide?					



Name
in
Full

John. H. Ramsburg

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Craguettown

Frederick

Date

Month

Day

Years

Months

Days

of death

1900

7

21

Age

35

7

3

Sex

Male

Color or
Race

White

Birth-
place

Craguettown

Occupation

Laborer

Where Residing if not
at place of death

Craguettown

Married, Single
or Widowed

Married

Name of Wife -
Husband

Ida Ramsburg (nee Hise)

Father's
Name

George S. Ramsburg

Father's
Birthplace

Craguettown

Mother's
Maiden Name

Ellen. Holland

Mother's
Birthplace

Monty Co

Name of person giving
information

George S. Ramsburg

How related
to deceased

Father

CAUSES OF DEATH

Primary

This man met death by his own vicious act
of committing suicide by hanging himself.

Immediate -

Dislocation of neck.

How long

Suffused, practically

How long

Instantaneous

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

C. A. Stultz M.D.

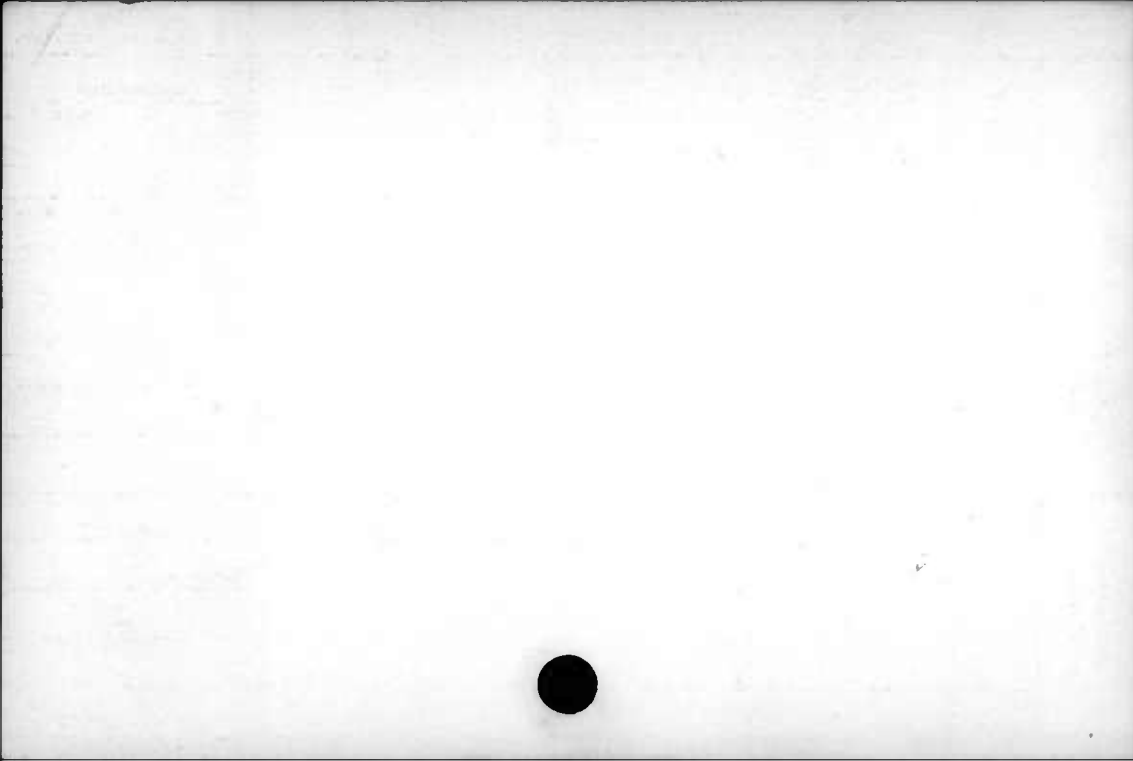
Address

Woodsboro

Md.

Accident? Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward Reusberg

CERTIFICATE OF DEATH

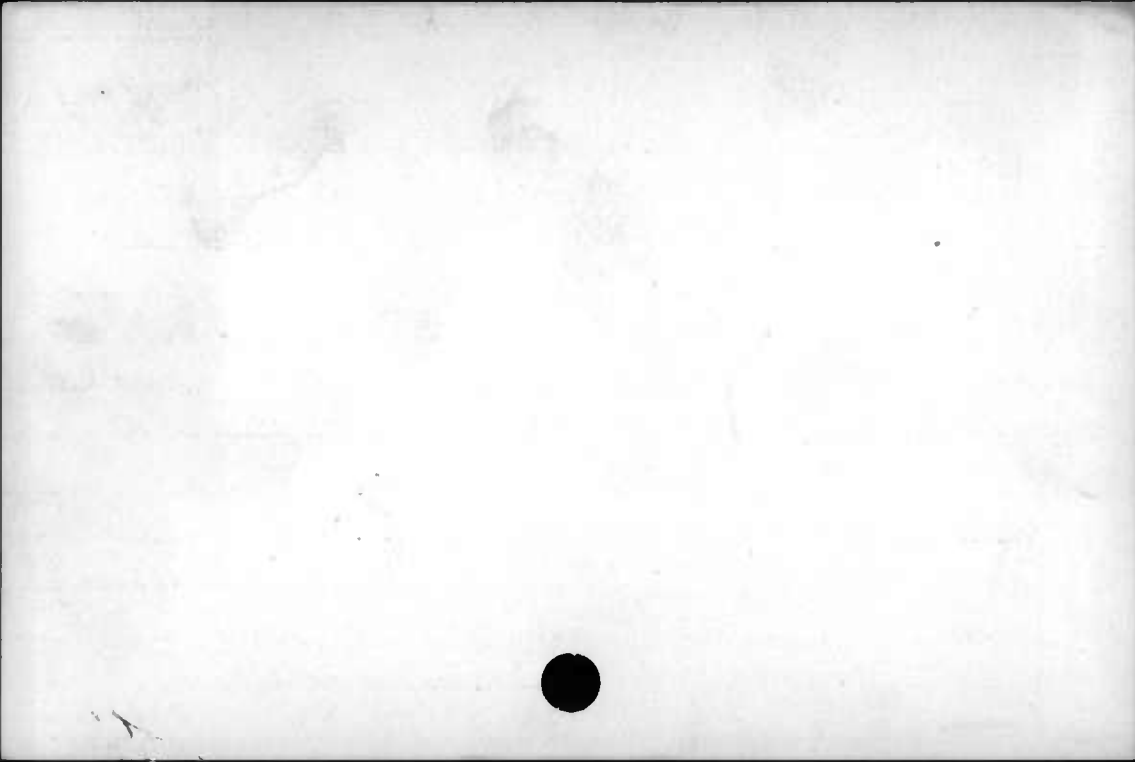
Died at		Town		County		MARYLAND	
Middleton		Frederick					
Date of death	1905	Month	Feb	Day	11	Age	Years 76 Months — Day 1
Sex	Male	Color or Race	American	Birth-place	Maryland		
Occupation	Laborer			Where Residing if not at place of death	Same		
Married, Single or Widowed	Yes			Name of Wife or Husband			
Father's Name	Josephus Reusberg				Father's Birthplace	Maryland	
Mother's Maiden Name	Magdalena Bawlus				Mother's Birthplace	Maryland	
Name of person giving information	Carroll Fette				How related to deceased	None	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Cause of Stomach	How long	40	1 year
Immediate	Exhaustion	How long	2 weeks	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. P. Lamon, M.D.	
		Address	Middleton, Maryland	
Accident or Suicide?	—			

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mary Luella Reeder

CERTIFICATE OF DEATH

Died at ^{Town} Middletown ^{County} Frederick

MARYLAND

Date of death 1905 Month 2 Day 12 Age 19 Years Months 8 Days 18

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband William G. Reeder

Father's Name M. B. Thomas Father's Birthplace Md

Mother's Maiden Name Amanda Ward Mother's Birthplace Md

Name of person giving information B. F. Thomas How related to deceased Father

CAUSES OF DEATH

Primary Tuberculosis How long One year
Immediate Exhaustion How long Indefinite

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Geo. Yountee

Address 328 Kiltzville Md

Accident or Suicide?



Name
in
Full

Oneda G Reeder

CERTIFICATE OF DEATH

Town

County

Died at

Yellowsprings

Frederick

MARYLAND

Date

of death 1905

Month

2

Day

10

Age

Years

—

Months

2

Days

23

Sex

Female

Color or
Race

White

Birth-
place

Yellowsprings

Occupation

—

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

William N. Reeder

Father's
Birthplace

F. Co. Md.

Mother's
Maiden Name

Corea Twenty

Mother's
Birthplace

" " "

Name of person giving
In formation

Wm N. Reeder

How related
to deceased

Father

CAUSES OF DEATH

Primary

Influenza 10

How long

10 days

Immediate

Double Pneumonia

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Frank H. Hays, M.D.
The Center

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at Pleasant Hill

" Feb 11th 05

Thos P Rice

Name
in
Full

Charles Worthington Ross.

CERTIFICATE OF DEATH

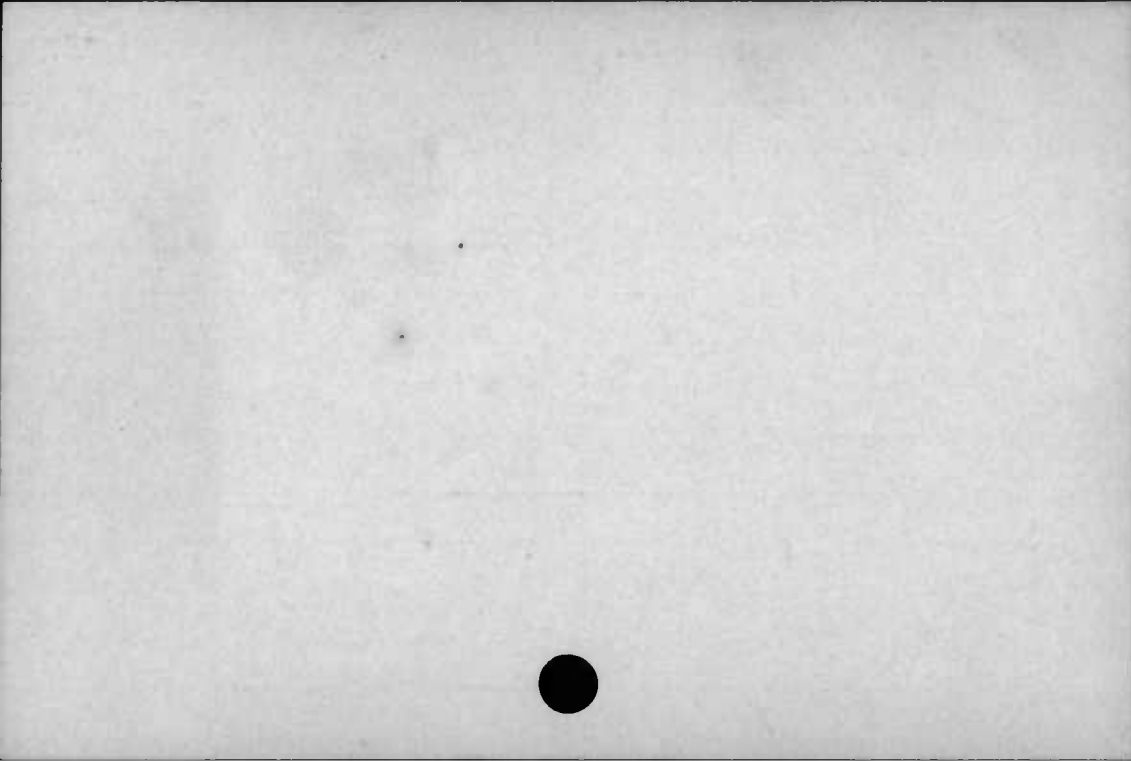
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1905	Month <i>2nd</i>	Day <i>25th</i>	Age <i>68</i>	Years	Months <i>10</i>	Days <i>25</i>
Sex	<i>Male -</i>		Color or Race	<i>White</i>		Birth-place	<i>Frederick</i>
Occupation	<i>Attorney at Law</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Cornelia R. Rotts</i>			
Father's Name	<i>Wm J. Ross</i>				Father's Birthplace	<i>Frederick</i>	
Mother's Maiden Name	<i>Anna M. Davis</i>				Mother's Birthplace	<i>Baltimore</i>	
Name of person giving information	<i>Charles W. Ross Jr.</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis of Liver (malignant)</i>	How long	<i>?</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm Crawford Shuman</i>
		Address	<i>Frederick, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

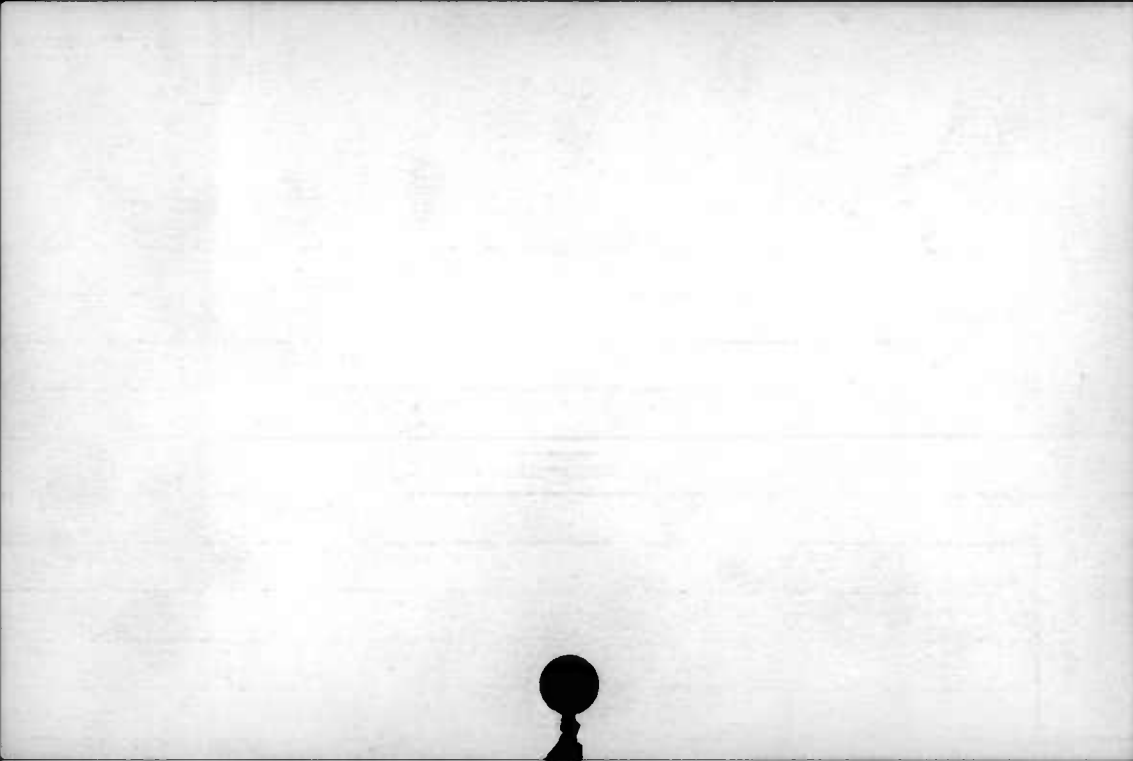
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samuel P. Schamel</i>		Town <i>Brunswick</i>		County <i>Fredrick</i>		State <i>MARYLAND</i>	
Died at <i>Brunswick</i>		Date of death <i>1905 Feb 14</i>		Age <i>44</i>		Months <i>4</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Wash. Co Md.</i>			
Occupation <i>R.R. Brakeman</i>		Where Residing if not at place of death <i>Wash. Co Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah C. Schamel</i>					
Father's Name <i>Jacob Schamel</i>		Father's Birthplace <i>Wash Co.</i>					
Mother's Maiden Name <i>Sarah Carter</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Walter Schamel</i>		How related to deceased <i>son</i>					

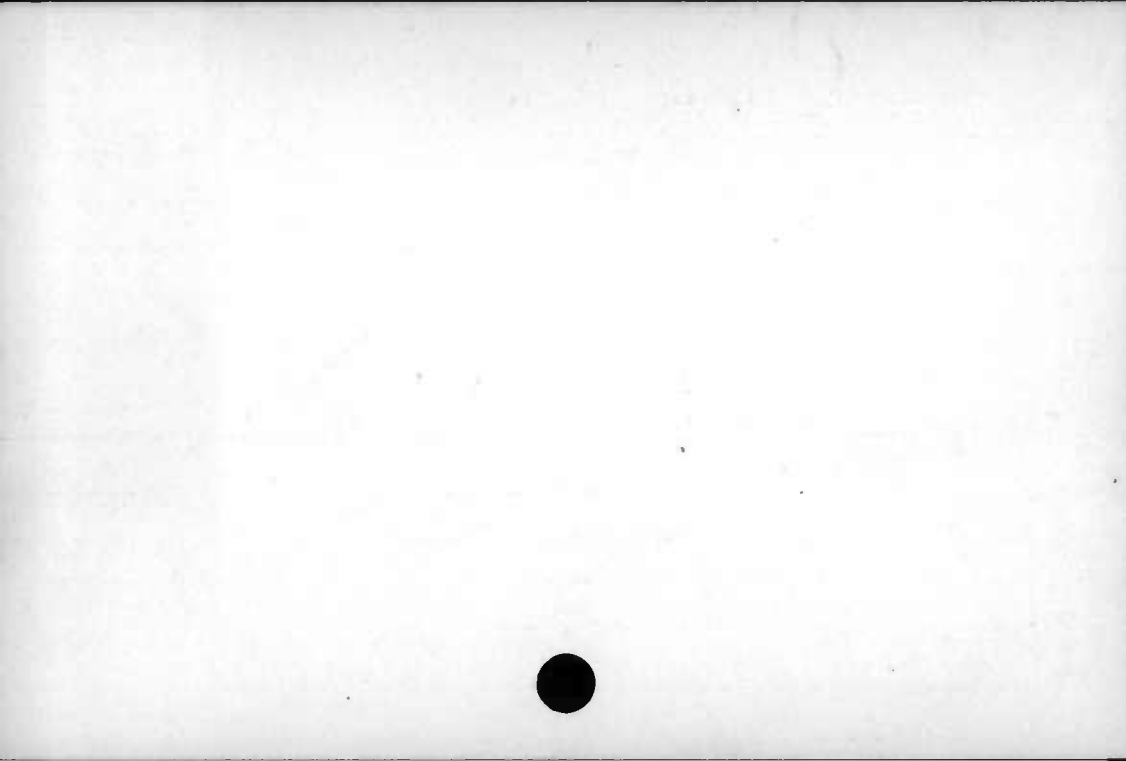
CAUSES OF DEATH

PHYSICIAN
OR CORONER

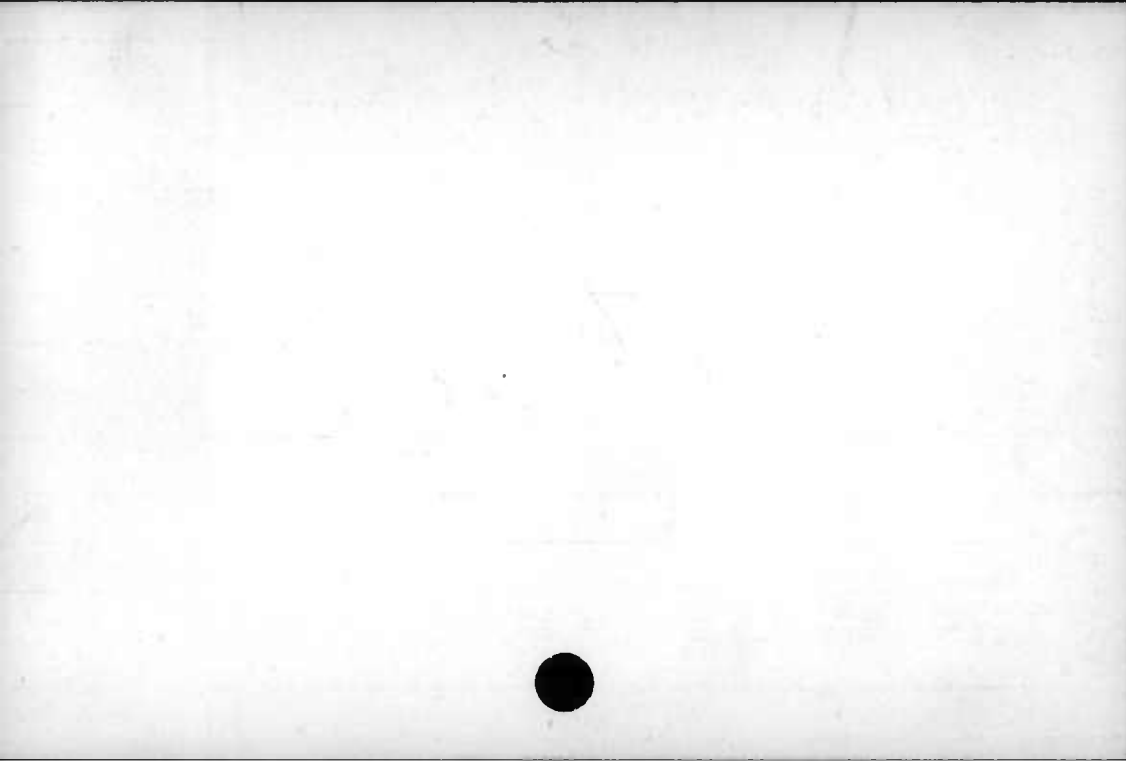
Primary <i>Tuberculosis</i>		How long <i>27</i>	
Immediate <i>Exhaustion & Heart Failure</i>		How long <i>for near 1 year</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. P. Schamel M.D.</i>	
		Address <i>Brunswick</i>	
Accident or Suicide?		<i>Ad</i>	



Name in Full		John Thomas Sim				CERTIFICATE OF DEATH									
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Liberty Town		^{County} Frederick Co		MARYLAND									
		Date of death	1905	Month	Feb.	Day	28 th	Age	66	Years	66	Months	—	Days	27
		Sex	Male		Color or Race	White		Birth-place	Frederick Co.						
		Occupation	Physician				Where Residing if not at place of death		Liberty Town Md						
		Married, Single or Widowed	Married		Name of Wife or Husband		Mary H. Wagner								
Father's Name		Thomas Sim				Father's Birthplace		Frederick Co							
Mother's Maiden Name		Mary Wagner				Mother's Birthplace		Frederick Co							
Name of person giving information		Mary H. Sim				How related to deceased		Wife							
CAUSES OF DEATH															
PHYSICIAN OR CORONER		Primary				Abscess of Liver				How long		2 months			
		Immediate				Cerebral thrombus				How long		3 days			
		Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician					
						Address				Otis B. Stone M.D.					
										Liberty Town Md.					
Accident or Suicide?															



Name in Full		Alvory Clifton Smith-				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Liberty Town		County		Frederick
	Date of death		1905	Month	Feb	Day	21st
	Sex		Male		Color or Race		White
	Occupation				Birth-place		Libertytown
					Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		William A. Smith-		Father's Birthplace		Frederick Co
	Mother's Maiden Name		Mary C. Rippner		Mother's Birthplace		Frederick Co
	Name of person giving information		Anna Smith		How related to deceased		Father
	CAUSES OF DEATH						
	Primary		Strangulated hernia		How long		108
Immediate		Gangrene of Intestine		How long		2 weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Otho Boston	
				Address		Libertytown Md.	
Accident or Suicide?							



Name in Full		G. W. Wilson - Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Induser		County Induser		MARYLAND
	Date of death		1905	Month Feb	Day 13	Years 25	Months 2
	Sex		Male		Color or Race White		Birth-place Induser C. Md
	Occupation		Photographer		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband Fannie Harrison				
	Father's Name		George William Smith			Father's Birthplace Induser C. Md	
	Mother's Maiden Name		Mary J. Burrin			Mother's Birthplace " " "	
	Name of person giving information		Geo W Smith			How related to deceased Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia Pulmonalis			How long Probably two years	
	Immediate		Exhaustion			How long Gradual	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		J. B. Johnson	
				Address		Induser Md.	
	Accident or Suicide?					✓	

Worthless the
the N^o 1
to to to to to

Name
in
Full

CERTIFICATE OF DEATH

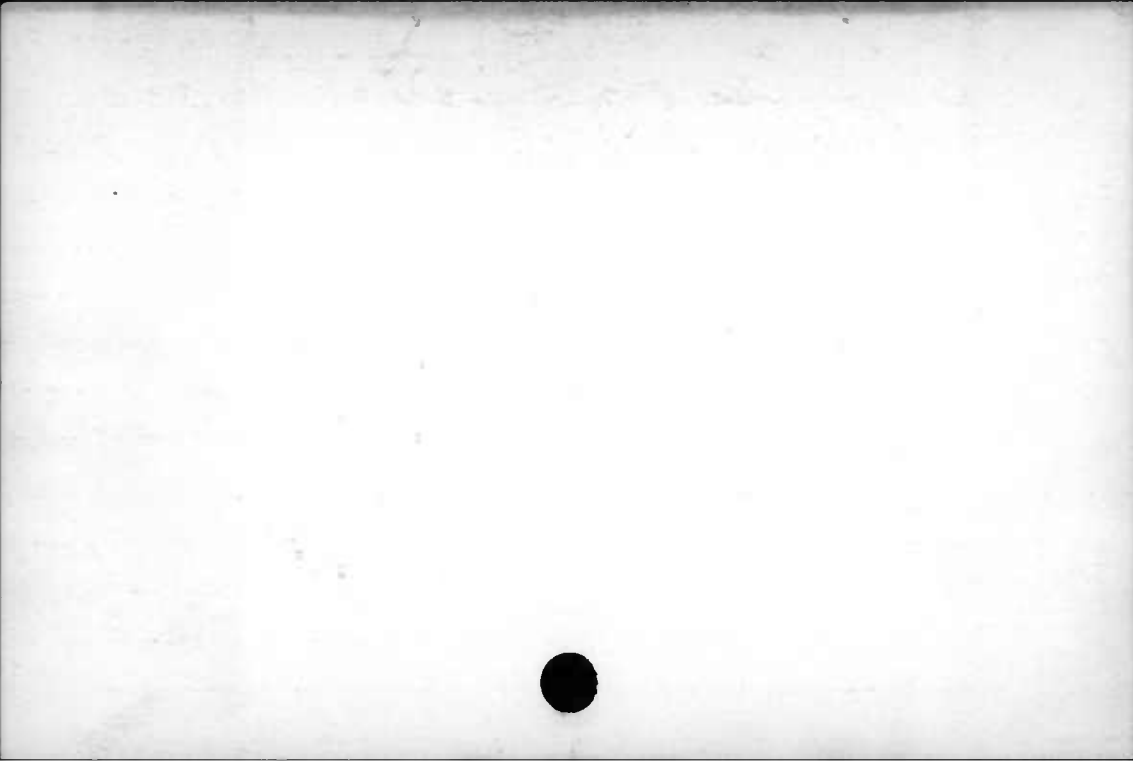
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hettie Snyder</i>		Town <i>near Emmitsburg</i>		County <i>Frederick</i>		STATE <i>MARYLAND</i>	
Died at <i>near Emmitsburg</i>		Month <i>2</i>		Day <i>23</i>		Years <i>54</i>	
Date of death <i>1905</i>		Month <i>2</i>		Day <i>23</i>		Years <i>54</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>"</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife Husband <i>Pius Snyder</i>					
Father's Name <i>John Currens</i>		Father's Birthplace					
Mother's Maiden Name <i>Hettie Currens</i>		Mother's Birthplace					
Name of person giving information <i>Ephraim Herr</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>3 Years</i>
Immediate <i>Exhaustion</i>	How long <i>1 Month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Stone M.D.</i>
	Address <i>Emmitsburg Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Walter Stambough

Died at *Rockyridge* ^{Town} *Fredrick* ^{County} **MARYLAND**

Date of death 190 *5* ^{Month} *Feb.* ^{Day} *7* Age ^{Years} *—* ^{Months} *3* ^{Days} *29*

Sex *Male* Color or Race *White* Birth-place *R. Ridge*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Samuel Stambough* Father's Birthplace *Geor. Co. Md.*

Mother's Maiden Name *Clara Powell* Mother's Birthplace *" "*

Name of person giving information *S. Stambough* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral fever* ^{How long} *5 days*

Immediate *—* ^{How long} *—*

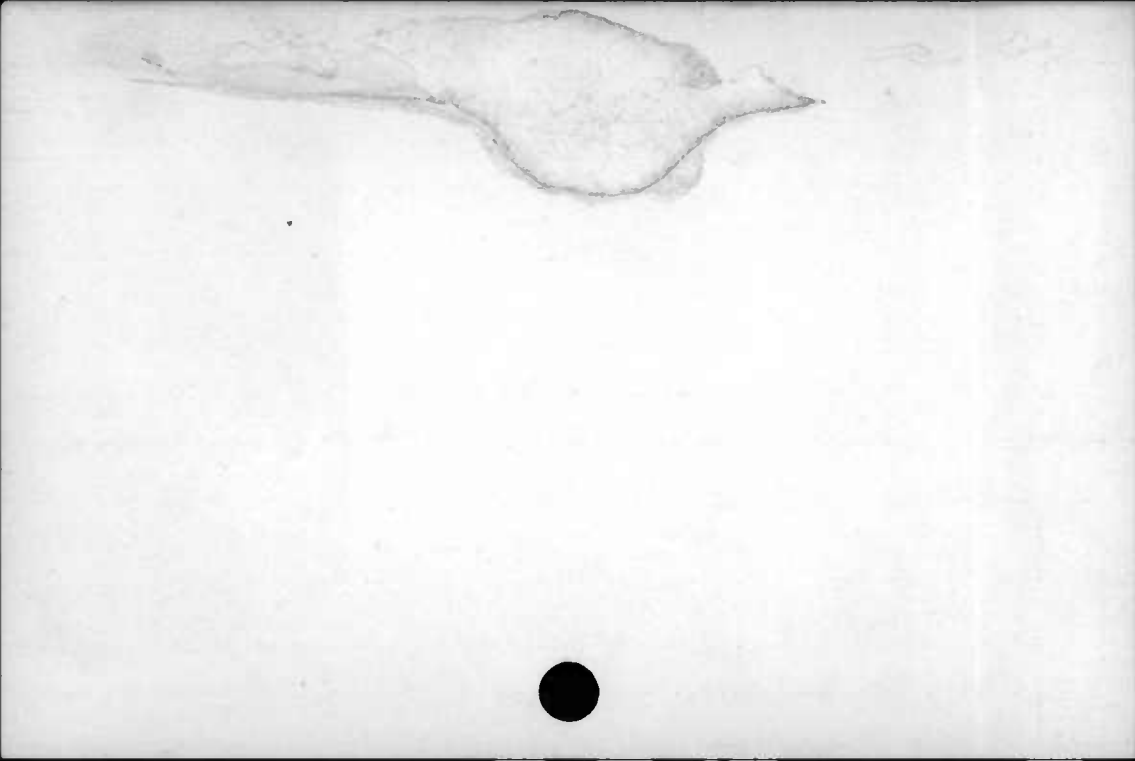
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C. H. Miller*

Address *D. P. Creek.*

Maryland

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Mrs Annie Stockman*

Town

County

MARYLAND

Died at *Fredell City Hospital*

Date

Month

Day

Years

Months

Days

of death *1905 July**19*Age *47**0**27*

Sex

*Female*Color or
Race*White*Birth-
place*city*

Occupation

Where Residing if not
at place of death*West-Southern St*Married, ~~Single~~
or Widowed

Husband

*W. E. Stockman*Father's
Name*Michael Whistner*Father's
Birthplace*Germany*Mother's
Maiden Name*Margaret-Dinnick*Mother's
Birthplace*"*Name of person giving
information*Chifford Woll*How related
to deceased*Brother-in-Law*

CAUSES OF DEATH

Primary

Carcinoma of the Breast. 41

How long

About six months

Immediate

General Peritonitis

How long

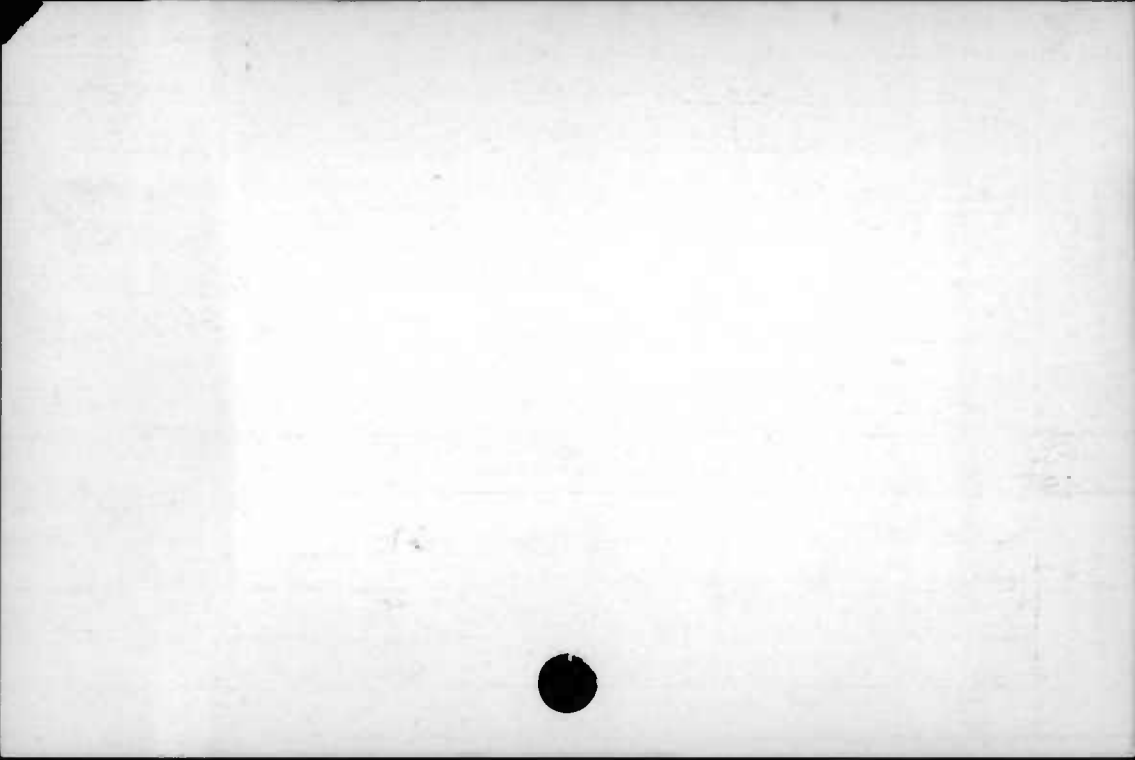
*Four days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. B. Johnson*

Address

Indus

Accident or Suicide?

*✓**med.*PHYSICIAN
OR CORONER



Name
in
Full

Nettie Stockman

CERTIFICATE OF DEATH

Died at ^{Town} *Not Philip*County *Frederick*

MARYLAND

Date
of death *1905*Month
*2*Day
*10*Age
Years *26*Months
*0*Days
*2*Sex *Female*Color or
Race *White*Birth-
place *Montgomery Co Md.*Occupation *House Wife*Where Residing if not
at place of death*Same*Married, Single
or Widowed *Married*Name of Wife or
Husband*Martin E. Stockman*Father's
Name *Joseph Peermick*Father's
Birthplace *Maine*Mother's
Maiden Name *Jane. - - - -*Mother's
Birthplace *Va*Name of person giving
Information *Martin E. Stockman*How related
to deceased *Husband*

CAUSES OF DEATH

Primary *Typhoid Pneumonia*How long *10 days*Immediate *Exhaustion*How long *2 days*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician*C. C. Lamer MD*

Address

*Middletown**Md.*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

W. Zion

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

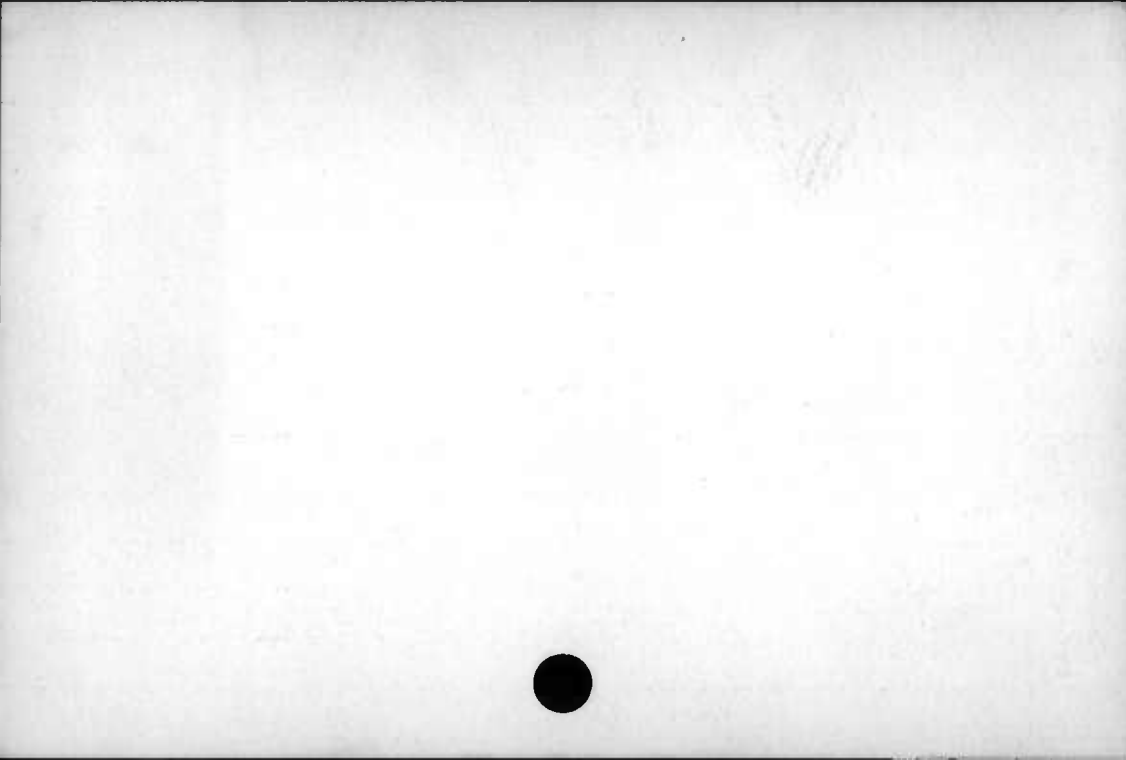
CERTIFICATE OF DEATH

MARYLAND

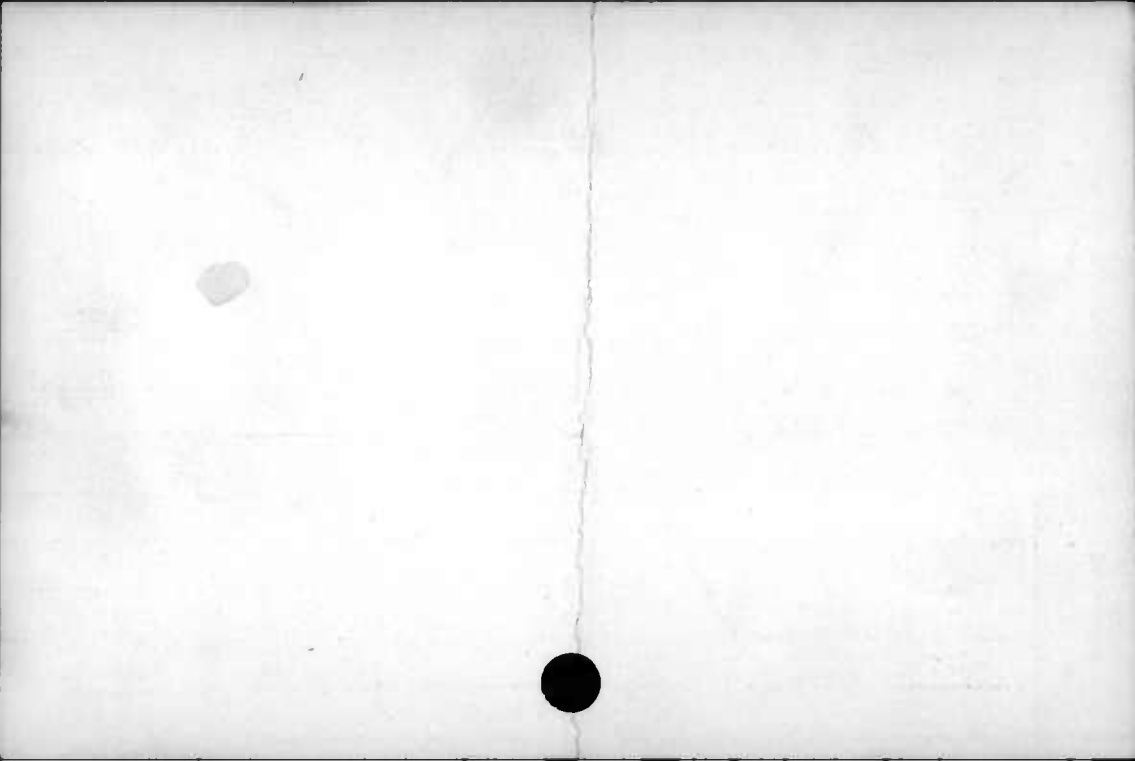
Name in Full <i>John W. Sullivan</i>		No. <i>5</i>			
Died at <i>Monrovia</i> Town		<i>Fredrick Co</i> County			
Date of death 190 <i>5</i>	Month <i>Feb</i>	Day <i>18</i>	Age <i>Sixty</i>	Months <i>Nine</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Postmaster & R. R. Agent</i>			
Name of Wife or Husband <i>Ida P.</i>					
Father's Name <i>Daniel Sullivan</i>		Father's Birthplace <i>Carroll Co. Md.</i>			
Mother's Maiden Name <i>Hannah Ogborn</i>		Mother's Birthplace <i>Carroll Co. Md.</i>			
Name of person giving information <i>C. Estelle Wulancy</i>		How related to deceased <i>Cousin of wife</i>			

CAUSES OF DEATH

Primary <i>Organic Heart Disease</i>	How long <i>19</i>	<i>Several years</i>
Immediate <i>Heart Failure</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. M. Thomas</i>	
	Address <i>Fredrick</i>	
Accident or Suicide?		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Licksville</i> Town		<i>Ind.</i> County		MARYLAND
	Date of death <i>1905</i>	Month <i>7</i>	Day <i>2</i>	Age Years	Months Days <i>2 hours</i>
	Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Licksville</i>	
	Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>			
	Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>			
	Father's Name <i>Geo B Thomas.</i>	Father's Birthplace <i>Ind.</i>			
	Mother's Maiden Name <i>Mrs. Yingling</i>	Mother's Birthplace <i>Ind.</i>			
Name of person giving information	How related to deceased				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Mal Formative</i>		How long	<i>150</i>
	Immediate	<i>By cancer Meduatomum</i>		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. H. Conley.</i>		
			Address <i>Adams town</i>		
	Accident or Suicide?				<i>Ind.</i>



Name
in
Full

Jella M Wade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brunswick		County Kendrick		MARYLAND	
Date of death	1905	Month Feb	Day 19	Age	Years	Months 10	Days 4
Sex	Female		Color or Race	white		Birth-place	md
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			William Wade			Father's Birthplace	
Mother's Maiden Name			Lilly Gross			Mother's Birthplace	
Name of person giving information			Lilly Gross			How related to deceased	
						mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Catarrhal Pneumonia	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Al Horine
	Address
	Brunswick, Md.
Accident or Suicide?	
No	



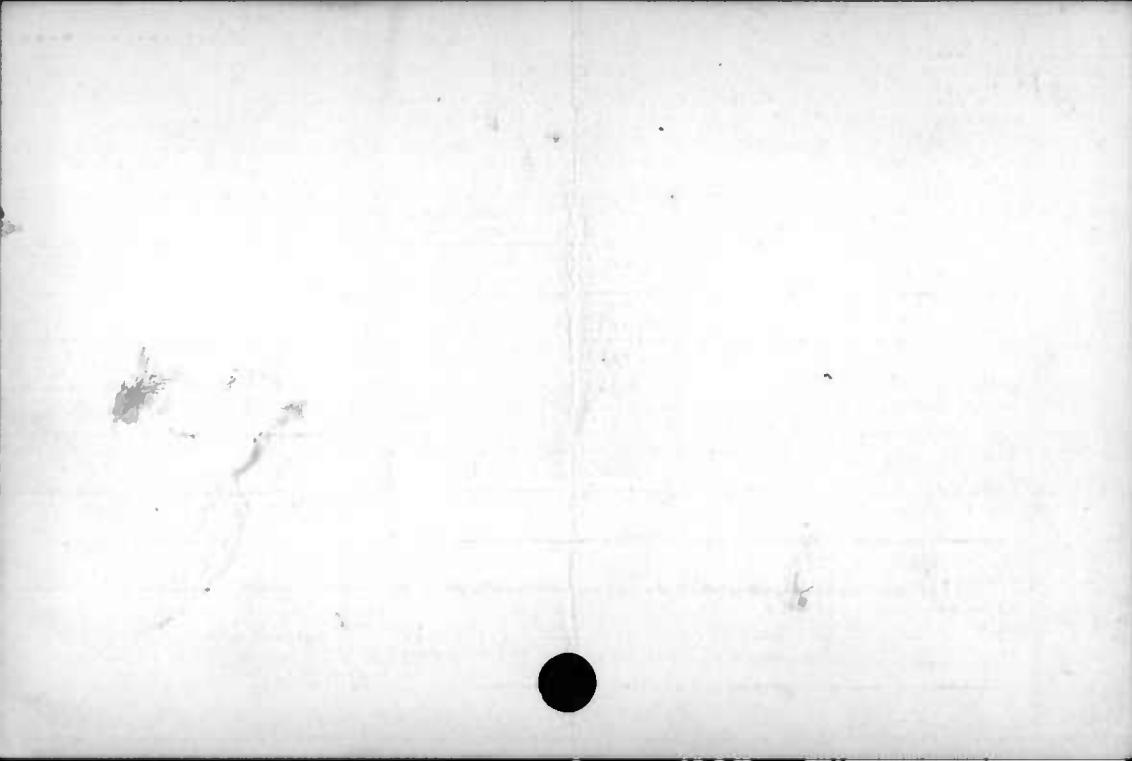
Name in Full		James Wall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Frederick		Frederick		MARYLAND	
	Date of death	1905	Month 2	Day 14	Age 1	Months 2	Days XX
	Sex	Male		Color or Race	Black		Birthplace
	Occupation	XX		Where Residing if not at place of death		XX	
	Married, Single or Widowed	X		Name of Wife or Husband		X	
	Father's Name	Thomas Wall				Father's Birthplace	MD
	Mother's Maiden Name	Isabella Tyler				Mother's Birthplace	MD
PHYSICIAN OR CORONER	Name of person giving information	Isabella Tyler				How related to deceased	Mother
	CAUSES OF DEATH						
	Primary	Pneumonia				How long	10 days
Immediate	Exhaustion				How long	12 hours	
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					City		
Accident or Suicide							

Green Mount Cemetery

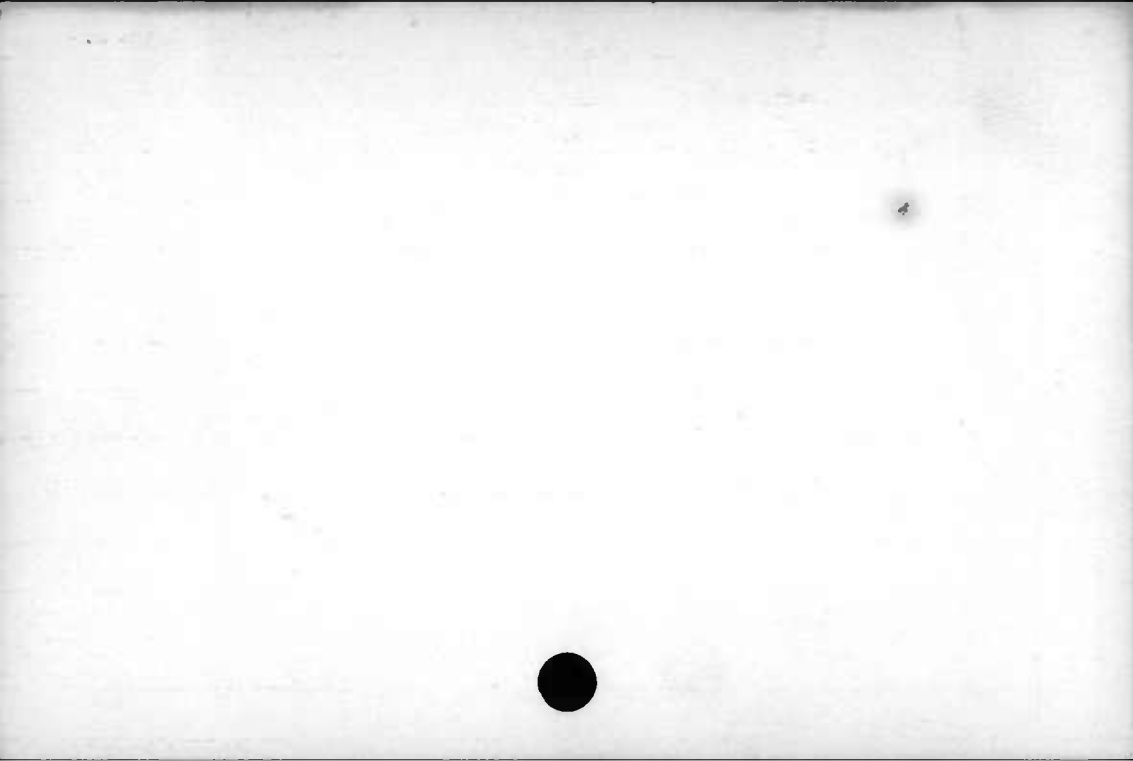
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C. C. Cady 45

Name in Full		John W. Walter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Penitentiary</u> ^{own}		County <u>Frederick</u>		MARYLAND	
		Date of death <u>1905</u> ^{Month} <u>Feb</u> ^{Day} <u>April</u>		Age <u>50</u> ^{Years}		<u>3</u> ^{Months} <u>5</u> ^{Days}	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Catoctin</u>	
		Occupation <u>Repairman B. & O. R.R.</u>		Where Residing if not at place of death <u>Prof Rocks Md</u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>			
		Father's Name <u>John Waller</u>		Father's Birthplace <u>Dart Knod</u>			
		Mother's Maiden Name <u>Margaret Jane Fisher</u>		Mother's Birthplace <u>North of Rocks</u>			
Name of person giving information <u>Mrs W. D. Welling</u>		How related to deceased <u>Sister</u>		166 ✓			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Run over by shifting engine B. & O. R.R.</u>				How long <u>Instantly</u>	
		Immediate <u>None</u>				How long <u>None</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>A. J. Colbert</u>	
						Address <u>Penitentiary Rocks</u>	
		Accident <u>Yes</u> ^{or} <u>No</u>				Signature of Coroner <u>J. E. Miller</u>	



Name in Full		Franklin O. Wiles				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick</i> Town		County <i>Frederick</i>		MARYLAND	
		Date of death <i>1905</i>	Month <i>2</i>	Day <i>1</i>	Age <i>—</i> Years	Months <i>7</i>	Days <i>7</i>
		Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>city</i>		
		Occupation <i>—</i>			Where Residing if not at place of death <i>Same</i>		
		Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
PHYSICIAN OR CORONER		Father's Name <i>Geo. W. Wiles</i>			Father's Birthplace <i>F. Co Md</i>		
		Mother's Maiden Name <i>Amelia Plunkett</i>			Mother's Birthplace <i>" " "</i>		
		Name of person giving information <i>Geo. W. Wiles</i>			How related to deceased <i>Father</i>		
		CAUSES OF DEATH					
Primary <i>Double Pneumonia</i>		How long <i>4 days</i>					
Immediate <i>Cardiac Paralysis</i>		<i>93</i>		How long <i>thru</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank H. Hedges</i>		Address <i>Frederick</i>			
Accident or Suicide? <i>—</i>							



Name
in
Full

Samuel Jacob Wilhite

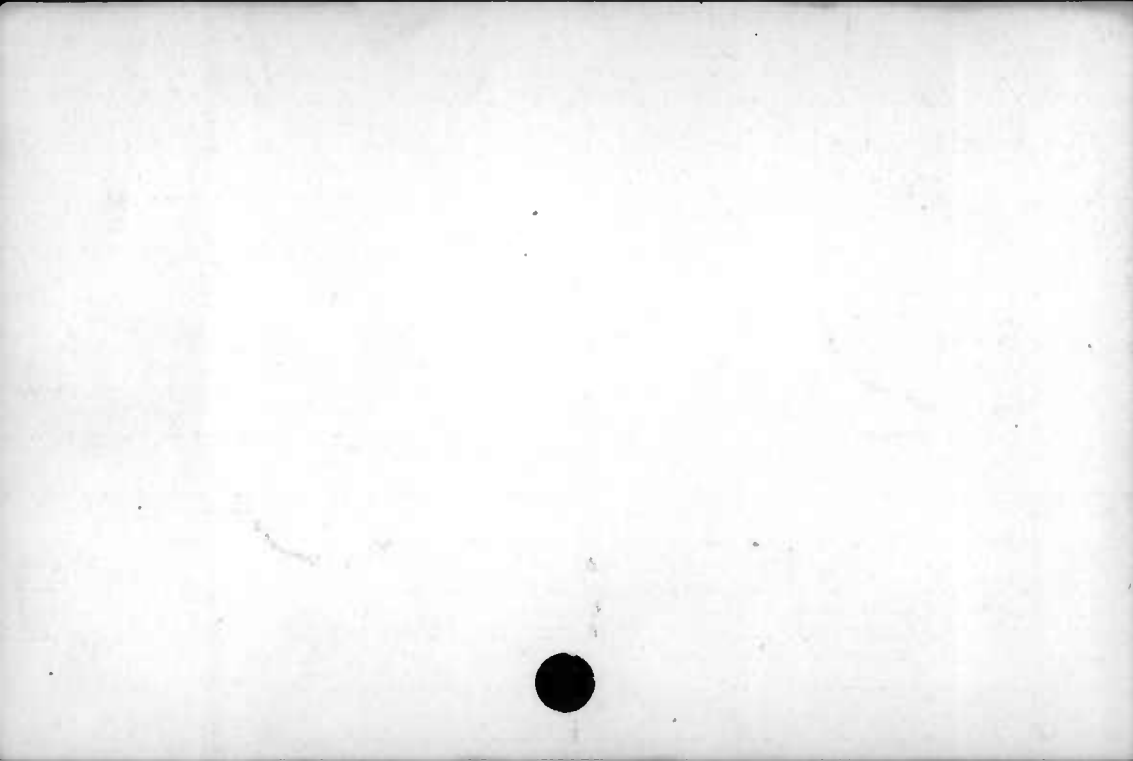
CERTIFICATE OF DEATH

Died at		Town Graceland		County Frederick		MARYLAND	
Date of death	1905	Month Feb	Day 10 th	Age	68	Years	Months 1
Sex	Male		Color or Race	White American		Birth-place	Penn.
Occupation	Stone mason			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Catherine Torrey			
Father's Name	Samuel J. Wilhite				Father's Birthplace	Md	
Mother's Maiden Name	Mary Ann Torrey				Mother's Birthplace	Md	
Name of person giving information	Mary C. Wilhite				How related to deceased	Wife	

CAUSES OF DEATH

Primary	Arterio-Sclerosis, & Nephritis		How long	64	2 years
Immediate	Hemiplegia Right-side.		How long	4	days
Are the name, age, sex, color, date and place correctly given above?		Yes,		Signature of Physician	E. C. Kefauver
		Address		Thurmont, Md	
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}			
Date of death	<i>1905</i>	<i>Feb.</i> ^{Month}	<i>22</i> ^{Day}	<i>77</i> ^{Years}	<i>9</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Frederick</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>William Yeabbs</i>		
Father's Name	<i>Casper C. Plins</i>			Father's Birthplace	<i>Pa.</i>
Mother's Maiden Name	<i>Catherine Evans</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Aguilla R. Yeabbs</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>104</i> 10 <i>weeks.</i>
Immediate	<i>Senile Debility</i>	How long	<i>7</i> <i>days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Howard V. Dickson M.D.</i>
		Address	<i>Frederick, Md.</i>
Accident or Suicide?			<i>Md.</i>

